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[Long Cane News]

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TO OUR READERS

Most O&M specialists who graduated from a university training program before 1975 are aware of the fact that the *Long Cane News (LCN)* was originally published by Boston College and Western Michigan University. As the field grew, however, these institutions could no longer bear the costs of its publication. Last year, at the request of William F. Gallagher, executive director of the American Foundation for the Blind, I conducted a survey of O&M specialists to determine the needs of the field and interest in a new *Long Cane News*. The response was overwhelmingly positive, and it was decided that the American Foundation for the Blind would publish the newsletter with the help of associate editors to report the latest news from their areas. Our associate editors include the chairpersons of AAWB Division IX and the AEVH Orientation and Mobility Interest Group as well as the president of the Association of University Educators in O&M and Rehabilitation Teaching for the Visually Impaired.

The *LCN* also features letters to the editor, expressing viewpoints on important issues, teaching techniques, and program innovations; highlights of recent conferences and announcements of upcoming meetings; and other noteworthy news of the field.

The *Long Cane News* is your newsletter, and we want your suggestions and contributions. Please help by sharing notable news and information with us.

We hope that after reading this issue, you will want to subscribe to *LCN*. Please look for the subscription form on page 13 of this issue.

MARK M. USLAN
EDITOR

LETTERS TO THE EDITOR

Best Wishes for a Long Life!

In 1963, the Peripatology Program faculty at Boston College decided that one good way to keep in touch with graduates of the program was to publish a newsletter. In those early years, money was not a problem and secretarial help was readily available. Thus, for several years, graduates received the *Peripatology Newsletter.*

As the field grew, the directors of the then only two university programs (Boston College and Western Michigan University) felt that there was need for a newsletter to serve all members of this fledgling field. Thus, the *Long Cane News (LCN)* was born and the *Peripatology Newsletter* met its demise. The *LCN* was published three times a year on a rotating basis by Boston College and Western Michigan University. It went to the ever increasing numbers of this new discipline, but as funds became tighter and manpower less available, publication became more and more erratic, until it ceased altogether.

The *LCN*, over the years, served as the major communication vehicle between the universities and practitioners in the field as well as other interested people. It is with enthusiasm that we at Boston College greet the news that the American Foundation for the Blind is publishing a new version of this valuable instrument of communication. We want to include in this first AFB issue best wishes for a long-life *Long Cane News.* To those at AFB who recognized the value and need of the newsletter, a most grateful thank you.

JOHN R. EICHORN, ED.D.
DIRECTOR
DIVISION OF SPECIAL EDUCATION AND REHABILITATION
BOSTON COLLEGE

Historical Notes on the *Long Cane News*

A new *Long Cane News* is being published by the American Foundation for the Blind. A periodical with a long and checkered career, the *Long Cane News* was originally the joint effort of John R. Eichorn of Boston College and myself and was intended primarily for graduates of the Boston College and Western Michigan programs. First published in 1965, the initial purpose of the newsletter was to include the news of graduates as well as articles presenting the views and information that they wanted to share with colleagues. The *Long Cane News* came out three times a year, alternately published by the Boston and Western Michigan programs. It gradually came to include news and articles not only from graduates of the two programs but from other sources as well, material judged to be of interest to those in the field of orientation and mobility.

As new mobility programs were established, their graduates were placed on the *Long Cane News* mailing list. About a dozen foreign countries also requested and received the publication. In 1976, it was estimated that 1500 copies of each issue were in circulation. One source even published a selection of the best *Long Cane News* articles.

With the great increase in the number of college-level O&M training programs, the cost of printing, mailing, and keeping records increased dramatically, putting additional stress on steadily dwindling financial structures. The universities could no longer bear the financial and work burden of the newsletter, and so the *Long Cane News* was forced to cease publication despite its big success and the fact that it was the primary means of communication for people interested in orientation and mobility for the blind.

Thus when Mark Uslan brought up the possibility of the American Foundation for the Blind taking over the *Long Cane News*, both Dr. John Eichorn and I thought this was an exciting plan. With the publication of a new *Long Cane News*, the field once again has a means of sharing news and information as well as opinions on today's important issues in orientation and mobility.

DON BLASCH
PROFESSOR
DEPARTMENT OF BLIND REHABILITATION
WESTERN MICHIGAN UNIVERSITY

Legislative Efforts in California

The California Association of Orientation and Mobility Specialists (CAOMS) has been involved in several legislative activities of interest to orientation and mobility specialists not only in California.

In November 1980 CAOMS decided to form an active legislative committee. When it became apparent in March 1981 that proposed federal and state legislation might have profound impact on services to handicapped children and adults, the CAOMS legislation committee decided to initiate an awareness campaign to make visually handicapped persons, professionals, and parents of the visually handicapped familiar with the pending legislation and its probable implications.

In an attempt to soften the blow of what appeared

to be inevitable budget cuts, the committee drafted several proposals and policy statements concerning bills at both federal and state levels. In addition, CAOMS had a massive mailing to alert O&M specialists as well as educators of the visually handicapped, rehabilitation personnel, parents and friends of the blind, and blind consumer groups to the dangers of the impending legislation. CAOMS urged them to write to their legislators and invited them to attend a "Call to Action" meeting in June 1981, featuring speakers from the areas of state rehabilitation and special education, as well as speakers providing an overview of state and federal budget and education issues. The CAOMS also provided models of letters to send to legislators, a summary of current issues, and names and addresses of key committee members on federal and state levels.

Then CAOMS held a letter writing party at which 42 letters to legislators were written and sent. In these letters we outlined our positions as O&M specialists on issues threatening current services. CAOMS representatives made appointments with and personally visited their local, state, and federal legislators to further discuss the needs of the handicapped and the threat of proposed budget cuts on services to the blind.

Throughout the first months of 1981 it became apparent that what was really needed in California was an on-going effort to stay on top of all legislation, to prevent legislation with negative implications for the handicapped, and to propose and/or encourage the passage of bills promoting the improvement of the quality of services for the handicapped. Furthermore, it was realized that CAOMS alone had neither the membership nor the resources to be effective by itself.

Under the direction and inspiration of Bruce Harrell, CAOMS legislative chairperson, the Joint Action Committee (JAC) was developed. (The structure of JAC, as well as its purpose and its future, may be of interest to persons in other states who want to form more cohesive units to accomplish their goals in relation to services to visually handicapped persons.) Bruce Harrell initially contacted the major professional and consumer groups concerened with visually impaired persons, asking them to send representatives to a meeting he was holding to discuss the urgent need to put aside individual organizational differences. This led to the development of the following goals for JAC; (1) legislative action and advocacy on issues of concern to visually handicapped persons; (2) public education; (3) early notice of pending legislation to organizations through dissemination of information; and (4) inter-organizational cooperation, support, and communication on legislative issues of concern to the visually handicapped.

By-laws were drawn up and accepted by organizations that had never before joined forces because of differing philosophies and purposes. As of this writing, the Joint Action Committee has a membership including organizations spanning a broad spectrum of professional and interest groups of and for the visually handicapped. Members include the California Association of Orientation and Mobility Specialists, American Council of the Blind of California, College of Low Vision Consultants, California Transcribers and Educators of the Visually Handicapped, American Association of Workers for the Blind, Association of Educators for the Visually Handicapped, and the California Optometric Association. Associate members include the Center for the Partially Sighted and Designs for Visions, Inc. In addition, the National Federation of the Blind—California, while not a member of JAC, sends a representative to all meetings and communicates its position regarding various legislative issues.

During the most recent meeting of JAC, the membership voted to endorse a proposal for a bill to improve educational services to visually handicapped students in the state of California. The proposed bill was conceived and written primarily by CAOMS representatives to JAC, with input from a representative of the California Optometric Association. The bill has been sponsored by a Southern California Legislator.

Of vital concern to CAOMS is the expiration of the Rehabilitation Act of 1973 and the expiration of P.L. 94-142 in October 1982, as well as all programs under federal funding. These pressing issues demand a national effort on the part of all of us. We at CAOMS would be delighted to work with you and for your organization. Please feel free to contact us at either of the following addresses: Bonnie Steinberg, CAOMS Past President, 1459 Roycroft, Long Beach, CA 90804; telephone: (213) 435-4441, ext. 2582 (work), (213) 438-1784 (home); Bruce Harrell, CAOMS Legislative Chairperson, 7119 Raintree Circle, Culver City, CA 90230; telephone: (213) 204-6852.

BONNIE STEINBERG
CAOMS PAST PRESIDENT
LONG BEACH, CA.

Liability Insurance

I am an orientation and mobility specialist currently working as an independent provider of mobility and low vision services. When I first started my business I had many questions, the most interesting of which turned out to be the one concerning liability insurance. It is this information which I would like to pass

along to others who may be considering going into business for themselves.

The first thing to do is shop around. You will invariably find different policies for different prices. Comparison is made difficult by the fact that the policies will probably vary in the coverage they provide. As a point of reference, I currently pay an annual premium of $75 for mobility insurance and an additional $25 for low vision. This includes professional liability coverage, providing a maximum of $100,000 per person and a maximum of $300,000 for all occurrences in one policy period (one year). The policy also includes personal coverage (non-O&M related activities) of up to $100,000 and medical payments (professional and personal liability) of up to $500 per person and $2000 per accident. I know of policies with premiums as high as $250 a year and as low as $61 a year for similar but not identical coverage. Which should you buy? That depends on your personal insurance needs and I would recommend consulting with your agent.

However, if you are in business for yourself, you should be sure that you are being quoted prices for primary coverage and not secondary coverage. The latter is insurance to cover an individual for expenses beyond those covered by the agency that employs him.

You may have difficulty locating an agent who will write you a policy: There are not many standard policies for O&M specialists. My own policy was actually designed for registered nurses, licensed practical nurses, physiotherapists, X-ray technicians, laboratory technicians, dental hygienists, dieticians, and other medical and dental personnel. It was modified slightly by my agent to fit my needs.

You will probably also need to notify your car insurance company of the fact that you are using your car for business purposes. My professional liability insurance does not pay for accidents which occur while operating a motor vehicle.

I am interested in hearing from other self-employed mobility specialists. Specifically, I would like to know: With whom do you contract? Who is your client population? What kind of and how much insurance do you have? Have you had any success in obtaining a Medicaid and/or Medicare provider number? How much do you charge? Do you have any good ideas that you want to share about expanding services and finding new agencies and individuals with whom to contract.

I hope that the information I have provided will be useful to others. If you have any further questions please contact me.

MARSHALL FLAX
INDEPENDENT MOBILITY SERVICES
1242 MORRISON CT., #1
MADISON, WI 53703
(608) 257-7952

Visibility of the White Cane

One of the purposes of the white cane is identification of the user as a blind person. This identification is most important in traffic. However, there are many travel situations in which the cane is not sufficiently discernible by drivers, no matter how the user holds it or moves it.

When snow is on the ground, for example, the few inches of red paint or tape often found near the cane tip may be buried in or hidden behind snow; the rest of the cane does not show up well against the white snow background. Also, the white cane offers a poor visual contrast against the light color of the cement of many intersections.

Drivers facing the glare of sunlight may not notice a thin white cane. It is also difficult to see a white cane through fogged, wet, or icy windshields. And in spite of the light-reflective quality of most canes, the white cane is not highly visible at night: The car headlights (or other bright light source) must shine directly on the cane before there is any reflection. Often this reflection amounts to little more than a brief flicker among the many lights and shadows coming at the night driver.

It is sometimes suggested that canes should be some color other than white: Orange, yellow, and red have been recommended. This suggestion is unrealistic. Public awareness and legislation in 50 states are not easily changed; nor do we believe they should be. We must accept the fact that the canes are white and that white canes do not always alert drivers to the presence of the visually impaired person. (White cane laws in 23 states and the District of Columbia allow use of "metallic" canes, which are even less noticeable.)

To deal with this problem we suggest that white cane users—or their mobility instructors—improve the visibility of the white cane by the simple addition of two strips of red reflective tape on the upper third of the white shaft. Two-inch strips of red tape, spaced two inches apart, provide a good visual contrast to the white of the cane (just as the several inches of red near the tip provide contrast). However, the blind person must still be aware of the cane's limitations. Even with red tape, a white cane is a relatively unobtrusive object.

It is incumbent upon mobility instructors to discuss cane visibility with their students and clients. Cane users should be aware that their white canes, no matter how they are held or moved, will not always alert drivers and others to their presence.

KENNETH TAPP, O&M SPECIALIST
WISCONSIN SCHOOL FOR THE VISUALLY HANDICAPPED
JANESVILLE, WISCONSIN

WILLIAM BRYAN, ASSISTANT PROFESSOR
STEPHEN F. AUSTIN STATE UNIVERSITY
NACOGDOCHES, TEXAS

MICHAEL BINA, DIRECTOR OF SPECIAL EDUCATION
COOPERATIVE EDUCATION SERVICE AGENCY (CESA 17)
MILTON, WISCONSIN

Name Change for the Long Cane News?

It was gratifying to learn that AFB will be publishing a new *Long Cane News*. I wonder if some consideration could be given to changing the name of this publication? It seems to me that the term "long cane" contributes to and perpetuates an image that is not entirely consistent with the role of an O&M instructor today.

Please contact the editor with your reactions and/or suggestions on this matter.

HUGO VIGOROSO
BOSTON COLLEGE
PERIPATOLOGY PROGRAM
CHESTNUT HILL, MA

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In our 1981 survey of AAWB O&M division members we received a few similar comments. However, the number was not large enough to indicate popular support for a name change. Nevertheless, we do feel it is appropriate for us to continue to monitor our readers' feelings on the subject. We encourage readers to make their feelings known by writing to the editors.

THE EDITORS

UNIVERSITY NEWS

Traditionally, the *Long Cane News* has served as an important vehicle of communication between the university training programs and their graduates. Continuing this tradition, a representative from the Association of University Educators in Orientation and Mobility and Rehabilitation Teaching will report university news and events in each issue.

The Association draws its membership from colleges and universities that conduct teacher training programs in orientation and mobility (peripatology) and/or rehabilitation teaching. Its goals are to (1) provide a network of communication among educational institutions in order to promote a forum for exchange of ideas, knowledge, and research; (2) promote the education and training of individuals preparing for careers in O&M and in rehabilitation teaching; (3) provide an effective base for the dissemination of information regarding O&M and rehabilitation teaching to the general public, public and private organizations, institutions and associations, and federal, state, and local officials; (4) initiate and support legislation; (5) encourage standards for programs; and (6) collect and encourage the collection of data regarding salary levels, trends in employment and education, and manpower needs in the fields of O&M and rehabilitation teaching.

Voting membership in the Association is open to all O&M and rehabilitation teaching faculty from the university training programs. Nonvoting membership is open to any individual who has an interest in the purpose of the organization.

The mailing address of the Association is that of the current chairperson. For further information, contact:

ASSOCIATION OF UNIVERSITY EDUCATORS IN ORIENTATION
AND MOBILITY AND REHBILITATION TEACHING
C/O KENT TYLER WARDELL
DEPARTMENT OF SPECIAL EDUCATION
CALIFORNIA STATE UNIVERSITY AT LOS ANGELES
5151 STATE UNIVERSITY DRIVE
LOS ANGELES, CALIFORNIA 90032

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Jim Liska has left the University of Arkansas's O&M training program to enter a new field. He is now living in Connecticut and working for the Burroughs Corporation. He will be missed by the program and the field. We wish him the best of luck in his new endeavor.

Presently Bill Jacobson is the sole instructor and coordinator of the University of Arkansas O&M program. He reports that he will be pursuing a doctorate in special education administration at the University of Arkansas in Fayetteville and will be taking a one-year leave of absence next September. Consequently, someone will be needed to "mind the store" for at least the 1982-1983 academic year.

Bill Jacobson also reports that he and Paul Ehresman, formerly an O&M graduate student at the University of Arkansas, recently completed a case study investigating the effect of reducing out a subskill in the touch technique. More specfically, they experimented with eliminating the hand motion that normally raises the cane tip off the ground. It was hypothesized that the natural vertical motion used in walking would raise the cane tip sufficiently. Results did in fact indicate that the conscious effort to raise the cane off the ground can be eliminated without ill effects.

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The Department of Special Education, George Peabody College of Vanderbilt University, is pleased to announce that funds are available to support students interested in graduate study in visual impairment and multiple handicaps. They are currently recruiting applicants for the 1982-1983 scholarship awards and are particularly interested in considering

applicants for the M.Ed. program in orientation and mobility. All students are required to have teacher certification in visual impairment prior to entry into the program.

The program is child-oriented, focusing on the needs of both visually and multiply impaired children. Students graduate with certification in O&M and may also receive certification in multiple handicaps. The program is based on principles of applied behavior analyses and includes such competency areas as data based programming and task-concept analysis. To help insure that students receive comprehensive preparation, the Department of Special Education and the Tennessee School for the Blind each year sponsor an intensive two-week seminar on electronic travel aids and concept development. (The seminar, which will be held from May 31 to June 1 this year, is open to all teachers of visually impaired children. For more information, contact Dr. Everett Hill, director of the seminar, at P.O. Box 328, Peabody/Vanderbilt, Nashville, TN 37203.)

Peabody/Vanderbilt also offers advanced graduate degree programs to persons interested in teaching, research, or administration in visual impairment or multiple handicaps. A limited amount of financial aid is available to highly qualified applicants. Research projects currently underway at the college include assessment of O&M skills in multiply handicapped children, identification of processes involved in spatial relations development, and assessment of environmental layout. For more information, write Dr. Everett Hill at Box 328 Peabody/Vanderbilt, Nashville, TN 37203.

AAWB NEWS

Jim Liska has resigned as chairperson of AAWB Division IX because of a recent career change (see University News). His last act as chairperson was to appoint the chairperson-elect, Gala Saber, to the position of acting chairperson.

LCN readers who were unable to attend the 1981 National Convention in Toronto will be interested in learning of the action taken on the subject of certification for teaching use of electronic travel aids (ETA). Gala Saber presented a report concerning ETA certification standards, ETA university curriculum guidelines, and the role of ETA manufacturers in the certification process. Following discussion, the report was revised and amended by the Division IX membership. The final report states that to receive certification, an orientation and mobility specialist/peripatologist must satisfactorily complete an electronic travel aid course/workshop through a recognized program, as evidenced by: (1) professional, provisional, or permanent certification granted by AAWB; (2) submission of a competency based checklist completed by the director/faculty representative/instructor of the electronic travel aid program; (3) submission of a letter of verification from supervisor/employer, attesting to direct teaching experience with electronic travel aids; and (4) payment of the current processing fee to the chairperson of the Certification Committee of AAWB Division IX.

In recognition of attainment of competency in teaching use of electronic travel aids, AAWB will provide a seal for each type of travel aid to be affixed to the document of certification. A process will be instituted whereby each case not meeting the above criteria can later be considered on its individual merit.

The committee report must receive AAWB Board approval prior to being instituted. For further information, contact:

Robert J. Mills Sr., Certification Committee Chairperson
AAWB Division IX
5220 North High Street
Columbus, Ohio 43214
(614) 888-2229

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Division IX officers elected in Toronto included:

James Liska, Chairperson (*resigned*)
181 Housatonic Avenue
Stratford, Connecticut 06497

Gala Saber, Chairperson-elect
201 Andy Drive
Melrose Park, Illinois 60160

Anne Griffith, Secretary Treasurer
1619 3rd Avenue 5A E
New York, New York 10028

Jim Newcomer, Executive Committee Member-at-Large
Bucks County I.U. 22
Program for the Visually Impaired
Crosskeys Bldg.
Routes 611 & 313
Doylestown, PA 18901

George Zimmerman
Department of Peripatology
School of Education
McGuinn Hall B-29
Boston College
Chestnut Hill, Massachusetts 02167

Newly elected officers of Division IX, AAWB will continue to hold office for a two-year period, as stated

in the by-laws, even though conventions of AAWB will now be held on an annual basis rather than biennially.

Berdell (Pete) Wurzburger, the archivist of AAWB Division IX, is preparing a history of O&M. He is especially interested in photographs of any of the "old timers" in the field. (All photographs will be copied and returned to the sender.) If you have any photographs and/or anecdotal information that you are willing to share with him, please contact him at: Office of Special Education, San Francisco State College, San Francisco, California 94132.

AEVH NEWS

The AEVH O&M Interest Group—along with the many other organizations supporting orientation and mobility—is happy to have this opportunity to share with other interested professionals the news of our field. We hope all AEVH members involved in the area of orientation and mobility will contribute ideas and news as well as take advantage of those contributed by fellow workers.

The Association for Education of the Visually Handicapped Conference will be held this summer (June 27-July 1, 1982) in Vancouver, British Columbia. The purpose of the conference is to enable United States and Canadian service providers to learn from each other through both structured and informal interaction. Plans are now being made for conference workshops in the area of orientation and mobility. Areas of interest identified thus far include: techniques to help increase visual recognition of environmental landmarks; a joint workshop with the low vision interest group; the preschool and school-age multiply handicapped visually impaired child (e.g., increasing exploratory behavior and movement, working with therapists and physical education teachers); use of technology with blind and visually impaired children; the role of safety in determining criteria for IEPs; liability; issues related to AAWB/AEVH joint certification for O&M; coordinating services in rural areas where few professionals are available; dealing with problems of common interest (brainstorming sessions); and a "poster session," demonstrations featuring innovative ways of dealing with special problems.

The program committee welcomes additional ideas for conference topics. Send to:

Toni Heinze
Graham Hall 230
Learning, Development, and Special Education
Northern Illinois University
DeKalb, Illinois 60115
(815) 753-0226

Gerald Kitzhoffer
O&M Program
Michner Library L139
University of Northern Colorado
Greeley, Colorado 80639
(303) 351-2742

Donna McKinely
State Consultant/VH
Nebraska Department of Education
Box 94987
301Centennial Mall South
Lincoln, Nebraska 68509
(402) 471-2471

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AEVH is divided into regions throughout the country, eaching with special goals of their own. For example, the North Central (NC) region awards "mini grants" to members for projects of special interest. This year a grant went to a mobility instructor working on a small research project with NOIR sunglasses. Other grants were used to provide low vision evaluations and training for students. Any NC/AEVH members wishing to apply for a grant next year can contact: Toni Heinze, Graham Hall 230, Learning, Development, and Special Education, Northern Illinois University, DeKalb, Illinois 60115.

LANDMARKS

Dr. Dena Gruman, national consultant in education, American Foundation for the Blind, would like to alert O&M specialists to the joys of parachute play for visually handicapped individuals of all ages. Essentially, the players grasp the edge of the parachute and do exercises, following the directions on special records (available from Kimbo Records, P.O. Box 477, Long Branch, N.J. 07740). Parachutes, both large and small, may be otrained (preferably as donations) from jump clubs, airports, and private pilots' organizations.

The benefits of this activity include gross motor exercise, group interaction, sensory awareness, fun, and recreation. Try it, you'll like it!

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An "O&M Performance Indicator" form has been developed by O&M specialists at the Illinois Visually Handicapped Institute (IVHI). It enables the O&M specialist to report on present and projected levels of travel and to specify skills that are needed to reach a long-term objective. At IVHI the form has been found useful in communicating present and projected skill

levels to other professionals as well as in drawing up statistical data for accountability reports. For further information contact: Nancy Johnson, O&M Specialist, 520 W. Aldine, Apt. 404, Chicago, IL 60657.

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The Nevil Institute for Rehabilitation and Service in Philadelphia operates a Center for Independent Living, serving multiply handicapped blind persons, including individuals who use aids such as walkers, wheelchairs, and quad canes. O&M specialist Robin Weinstock, who has been on the lookout for special resources and adaptations of standard mobility techniques to meet the needs of these people, has compiled and will send out upon request the resources that she has found helpful. For further information contact: Robin Weinstock, O&M Specialist, Nevil Institute for Rehabilitation and Service, 919 Walnut St., Rm. 400, Philadelphia, PA 19107.

Long Cane News would appreciate hearing from O&M specialists who have developed techniques for teaching cane travel to people with ambulatory handicaps. If we can pool our resources, so much the better for our clients.

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David Loux, The Seeing Eye, Inc., reports that reprints of the article, "A Dog Guide User Speaks Out" by Robert H. Whitstock are available free of charge to professionals and blind persons who may be considering dog guide use. Although this article was originally published more than 20 years ago, The Seeing Eye feels that the information is still current and useful. Single copies can be obtained by writing to: The Seeing Eye, Inc., Morristown, New Jersey 07960.

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"Simon Says" Is Not The Only Game by Bernadette Leary and Margaret von Schneden, a new book from the American Foundation for the Blind, is a collection of games developed by teachers of visually handicapped children to teach concept development. Each game is a complete teaching activity and is presented not only with instruction for play but with the specific objectives it is meant to teach. The 140-page book is available at a cost of $6.00 per copy (check or money order) from the American Foundation for the Blind.

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Sandra Rosen, O&M specialist and registered physical therapist, Peninsula Center for the Blind, Palo Alto, CA, has found that in using sensorimotor activities with preschool children, the technique of resistance is very effectlve. For example, if the child is required to bring his arm to midline, he can be told to push against the teacher's hand, while the teacher applies resistance in the direction opposite to that of the desired movement. As the child pushes against the teacher's hand, his effort is directed toward bringing his arm to midline. Through this exercise, the youngster not only learns a functional movement, but also through stimulation of the proprioceptive sense, develops an increased awareness of body movement.

Sandra Rosen also uses the resistance technique to correct head alignment and out-toeing as well as to help the child develop a protective arm technique.

One note of caution: Resistance must be used carefully and appropriately (to avoid possible injury to the joints) and should not be used with children who have additional physical impairments unless they are under the supervision of a physical therapist.

If you are teaching sensorimotor activities to preschool visually impaired children, *Long Cane News* would be interested in learning of techniques you have found to be particularly effective.

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Many of us have recognized the need for standards to improve current services to persons with low vision and promote new services for those who cannot be helped significantly by the regular eye care system. In 1981 the National Accreditation Council (NAC) published the first set of standards specifically for low vision services. The standards, which include definitions of low vision terms, are divided into six parts: planning and organization, personnel, low vision evaluation, continuing services, facilities and equipment, and program evaluation. The roles of various types of specialists, the relationship between low vision services and other services, and methods of providing effective services are also explained.

Two versions of the *Low Vision Service* Standards book are available: one is designed specifically for self-study by organizations interested in applying for accreditation ($2.50); the other is for general use by organizations and others interested in improving services ($4.00). Order from: National Accreditation Council, 79 Madison Avenue, New York, NY 10016.

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In the Spring 1981 issue of the *Bulletin of Prosthetics Research*, Vol. 18, No. 1, Lee Farmer, an O&M specialist and researcher at the Hines V.A. Hospital, evaluated a prototype step-sensing device for blind wheelchair users. Built by Nurion, Inc., the device employs the same down channel principle as the lazer cane. For more information, write: Lee Farmer, Hines Hospital, Central Blind Rehabilitation Center (117A), Building 13, Hines, IL 60141.

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Judy Strauss Schwartz, O&M specialist, New York Institute for the Education of the Blind, Bronx, New York, has written a chapter entitled "O&M Instruction and Training" which appears in *Understanding and Educating the Deaf-Blind/Severely and Profoundly Handicapped*, edited by Sarah Walsh and Robert Holzberg. Published by Charles C Thomas, the 328-page book costs $27.75. In her chapter, Judy Schwartz discusses the basic O&M skills for functioning deaf-blind students: what these skills are and how to teach them. She also presents more advanced skills for visually impaired deaf students.

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In a recent issue of *Teaching Exceptional Children*, Vol. 14, No. 3, p. 110-115, Monique Signorat and Alyce Watson explain how the O&M specialist with a knowledge of signing skills can effectively teach multiply handicapped, hearing impaired persons with normal vision. Motor training, environmental awareness, concept development, route planning, and mapping were all adapted by the authors for work with this population. For further information, contact: Monique Signorat, Perkins School for the Blind, Watertown, MA 02172.

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Guiding Eyes for the Blind, the only NAC accredited dog guide school in the country, is offering three-day seminars to experienced O&M instructors on the various aspects of dog guide training and how the O&M instructor can most successfully work with the dog guide user. There is no cost for the seminars, and room and board are provided by Guiding Eyes for the Blind; however, Guiding Eyes cannot pay transportation costs. Seminars are held monthly; each is limited to five participants. Interested agencies or individuals are invited to contact: Martin Yablonski, O&M Specialist, Guiding Eyes for the Blind, 611 Granite Springs Road, Yorktown Heights, New York 10598.

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Robert Day, O&M specialist, Utah Services for the Visually Handicapped, Salt Lake City, reports that that agency is currently conducting a six-month evaluation on the need for more O&M specialists in the Utah public schools. There are presently only two persons teaching O&M in state public schools. The evaluation will determine the number of children requiring services, the feelings of all interested parties regarding service needs, and the cost of meeting the established need.

At this time, when so many programs are being cut back, it is refreshing to hear about a project that may lead to expanded services.

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Judy M. Sharko, director of JMS Mobility Associates, Inc., Paoli, Pa. reports that with the dramatic slashing of funds for social services, both federal and state government agencies are discovering that private provision of services can be cost effective. Recognizing the need for part-time orientation and mobility services, JMS provides O&M programs individually designed for specific organizations. (Services can be purchased for as short a time period as several hours. Full year contracts are also available.)

A vision stimulation program for a state agency serving multiply handicapped persons; in-service O&M training programs for nursing home, hospital, and university staff; and an O&M internship program with Pennsylvania College of Optometry, Feinbloom Low Vision Center, are among JMS's current projects. Upcoming projects include nationwide distribution of a newly designed laser cane, participation in a new community-based rehabilitation program, and expanded low visions services.

Assisting Judy Sharko with the design and delivery of services are Ruth Shapero, peripatologist, and Karen Shane Cote, vision stimulation specialist. For further information, contact: Judy Sharko, Director, JMS Mobility Associates, Inc., 2102 Weatherstone Drive, Paoli, PA 19301; telephone: (215) 644-3014.

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In March 1980 The Westchester Lighthouse, White Plains, NY, and Guiding Eyes for the Blind, Yorktown Heights, NY initiated a joint internship program in which the orientation and mobility intern combines teaching O&M skills in a community environment with teaching orientation skills at a nationally accredited dog guide school. To date three interns from Hunter College and the University of Northern Colorado have completed this unique program. For further information contact: Patricia Coffey, Senior O&M Specialist, Westchester Lighthouse, 354 Mamaroneck Ave., White Plains, NY 10605; telephone: (914) 7611-32211; or Martin Yablonski, Director of Admissions, Guiding Eyes for the Blind, 611 Granite Springs Road, Yorktown Heights, NY 10598; telephone: (914) 245-4024.

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The American Foundation for the Blind has developed a device that uses music to direct visually impaired persons to interior destinations in the institutional setting (e.g., workshops, institutions for the retarded, nursing homes). The rationale behind the Auditory Interior Director (AID) is that the use of musical cues for getting to interior destinations makes travel not only less confusing but more enjoyable. The system is deigned for use with multiply handi-

capped visually impaired persons who are dependent upon staff for getting around the institutional environment.

The AID system is composed of pressure-sensitive floor mats, audio speakers, and a central control console. After interior route paths are identified in the facility, mat sensors are placed on the floor at strategic positions at which orientation decisions are made. When stepped on, each mat activates a wall-mounted speaker located ahead of the traveler. Because each speaker is in a place where it can be used to guide travelers to more than one destination, a staff person must select the desired destination on the control console. The staff person then guides the visually impaired individual to the initial mat, which, when stepped on, activates the speaker. The speaker plays the appropriate music for the desired destination and the visually impaired traveler is thus directed to the next speaker-activated mat. This process is repeated until he reaches his final destination.

Funded by the New York Commission for the Blind and Visually Handicapped, AFB recently evaluated the effectiveness of the AID system. Four multiply handicapped blind persons who had never traveled independently were successfully taught to follow music to destinations in a workshop facility (The Pioneer Activities Center, Syracuse, New York). The AID system was found to be a useful teaching tool with multiply handicapped blind persons. Staff dealing with these clients on a day-to-day basis were given a new and effective means of stimulating independence in the indoor environment.

AFB is also developing a computerized travel aid (CTA) based on microprocessor technology and the sonar device used in Polaroid cameras. (See the November, 1981 *AFB Newsletter* for an account of the history of the project.) This spring, an advanced prototype will be evaluated by Bob Smith and Gary Snyder, Boston College Peripatology Program, and Dr. Don Rapp, Fitchburg State College, Fitchburg, MA. As the evaluation proceeds, periodic updates of the CTA project will be published in the *Long Cane News.*

For more information write: Mark Uslan, National Consultant in Orientation and Mobility, American Foundation for the Blind, 15 West 16th Street., New York, NY 10011.

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The Northeast Orientation and Mobility Association (NOMA) recently merged with Northeast Region AAWB Division IX. Because the two organizations had similar goals, so that there was no reason to maintain a separate association, NOMA, with the support and encouragement of AAWB, made the decision to dissolve their group. Vicky Berg is the new chairperson of Northeast Region AAWB Division IX.

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A Pioneer Passes

Lloyd C. Widerberg died suddenly on February 8, 1982. He had served in the Orientation and Mobility division of the Department of Blind Rehabilitation, Western Michigan University, Kalamazoo since 1964.

Widerberg earned his B.A. at Northern Illinois University, DeKalb, and his M.A. at Western Michigan University. Following service in the United States Navy during World War II, he was employed as a corrective therapist at the Veteran's Administration Hospital, Hines, Illinois in 1950 and 1951. He then joined the group of pioneers in the Central Blind Rehabilitation Section at Hines who continued to develop and refine techniques related to O&M and use of the long cane.

Lloyd Widerberg was coauthor of two of the Department of Blind Rehabilitation's publications: *Techniques for Eating: A Guide for Blind Persons* and *Basic Components of O&M Techniques: A Guide for the Rehabilitation Teacher.* His particular interests included the history of the use of the cane, collecting various types of canes, and all types of sports.

Widerberg was totally committed to the rehabilitation of blind persons. He gave fully of his warmth, knowledge, and experience to students, colleagues and the community. We will miss him not only for his superb professional contributions but also for his anecdotes about sports figures and dance bands of "the good old days."

He is survived by his wife Patricia, two sons, Lloyd and Ronald, and two daughters, Marliss and Susan. He has four grandchildren.

A scholarship fund has been established in Lloyd C. Widerberg's memory. Contributions may be made to the Western Michigan University Foundation, Western Michigan University, Kalamazoo, Michigan 49008, with a notation indicating that the contribution is in the memory of Lloyd Widerberg.

CONFERENCE REPORTS

The annual Orientation and Mobility Non-Conference has a history of informality—hence the "non-conference" identity. While a more structured program has developed over the years, anyone who has recently attended a non-conference will tell you that everyone still finds time for informality.

Approximately 60 people attended the annual Orientation and Mobility Non-Conference, which took place on October 23-24, 1981 at the Minneapolis Society for the Blind (MSB), Minneapolis, Minnesota. Dr. Herbert Pick of the University of Minnesota, Minneapolis, and Dr. John Reiser of Vanderbilt University, Nashville, TN, discussed spatial orientation theory.

Conference topics also included deaf blindness and diabetes. Janet Grayson, deaf-blind program coordinator, Minneapolis Society for the Blind, made the following points: (1) there must be respect for the culture of the deaf; (2) there is a great need for follow-up services for deaf-blind persons in the community; and (3) the cost of deaf-blind services is extremely high, making expansion of services difficult. In discussing the practical problems of O&M for deaf-blind individuals, guest speakers Les Peterson and Gerald Underdahl, who are themselves deaf-blind, impressed upon the audience the importance of pre-travel preparation before actually traveling to a destination.

Dr. Robert Coniff, an endocrinologist at the Diabetes Education Center, Minneapolis, Dr. David Sutherland, University of Minnesota Transplant Research Division, and Joyce Schulz, staff rehabilitation nurse, MSB, presented a panel discussion on diabetes. Dr. Coniff emphasized the importance of early treatment and maintenance of the condition. Joyce Schulz reinforced the importance of good maintenance when she discussed the fact that there is no room for "throw away" behaviour in diabetes, i.e., that even minor deviations from the prescribed routine can cause ill effects. Dr. Sutherland discussed the latest advances in kidney and pancreas transplant surgery to correct metabolic defects of diabetes.

Another highlight of the meeting—in the spirit of the original non-conference—was a thoroughly irreverant skit designed to offend just about everyone. Bill McCloskey (Hines, VA., Hines, IL), as the mysterious Dr. Mouse (as in M-I-C-K-E-Y, M-O-U-S-E), was interviewed by Bob Gockman (Hines, VA.) on the subject of their latest invention. Topping the famed "Killer Dogs for the Blind" scheme of 1979, they brought with them an invention known as the "instant crowd clearer," to enable the user to cope with today's crowded conditions.

While the instrument bore a resemblance to the common lawn edger, it was explained that the purpose of the device's blades was to "Klip Knees and Knuckles" so as to allow the visually impaired user safe passage on any street or avenue. They also mentioned that while the "Killer Dogs" idea is gaining in popularity, it has unfortunately been plagued with disappearing trainers. Also unexplained is the vicious Doberman wearing size 12-D shoes.

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The Southeastern Orientation and Mobility Association (SOMA) held its Annual Conference on February 24, 25, and 26, 1982 in Nashville, TN. The Nashville Metro Public Schools, Tennessee School for the Blind, and Peabody College of Vanderbilt University sponsored the event which, according to Chairperson Jan Walker, was attended by over 80 persons.

Vivian Correa, Peabody College, outlined a developmental program for preschool blind children, stressing the importance of stimulation activities such as combining auditory information and physical prompting in order to develop the infant's ability to reach and grasp. She also emphasized the involvement of parents and other professionals in O&M programming for the young blind child. Anna Bradfield, also of Peabody College, discussed distance vision training as an integral part of O&M for low vision students, emphasizing the need for the O&M specialist to examine the visual environment for distinctive landmarks to incorporate into lesson plans.

Dr. Randall Harley, Peabody College, and Michael Corbett, North Carolina Services for the Blind, described the Peabody Mobility Kit, designed to aid the professional in assessing and teaching orientation and mobility to the multiply handicapped blind student. Nancy Cragen, physical therapist, Nashville Metro Schools, discussed normal motor development, stressing that O&M specialists should reinforce good posture and gait in their visually impaired students. Dr. Susan Hupp, Peabody College, spoke on "Activity-Based Programming for Multiply Handicapped Blind Students," explaining that O&M training should be practical and meaningful to the student, with training taking place in "transition areas" that students must actually travel, such as from the classroom to the lunch room.

Dr. Bruce Blasch, University of Wisconsin at Madison, discussed two topics: generic mobility and problem solving, describing the generic mobility program at the University of Wisconsin and outlining the limitations of mobility for all handicapped people. He provided examples of generic curricula, e.g., inte-

gration of handicapped persons into society, use of pedestrians for information gathering, and use of public transportation. In his discussion of problem solving, Dr. Blasch reviewed the literature and made the point that problem solving therory needs to be incorporated into O&M curricula.

The conference concluded with presentations by Dr. John Rieser, Peabody College, and Dr. Blasch. Dr. Rieser outlined Peabody's ongoing research program to develop an orientation assessment tool, asking O&M specialists to become involved in the validation process. Dr. Blasch ended the program with a presentation of orienteering activities for visually impaired persons. (Orienteering is a timed, cross-country race to reach checkpoints on an unfamiliar course.) Map reading and compass use were discussed as central skills for orienteering.

It might also be mentioned that the creative talents of Peabody's resident rock and roll musicologist, Dr. Everett ("Butch") Hill, were displayed at the conference in the form of two mini rock and roll mobility operas: "Ask the Experts" and "A Day in the Life of a Peabody Mobility Student." The cast of characters in "Ask the Experts" were Bruce Blasch, University of Wisconsin; Mark Uslan, AFB; Bill Jacobson, University of Arkansas; David Loux, The Seeing Eye; and Purvis Ponder, Florida State University. The opera opened with an excerpt from *Carmen* and moved fluently into Chuck Berry's "Rock and Roll Music." The experts had difficulty finding their seats on the podium and managed to misinterpret most of the questions from the audience. However, in "A Day in the Life of a Peabody Mobility Student," the cast, consisting of Peabody O&M students, were able to find their seats although in general they seemed just as confused as the experts.

Next year's SOMA conference will be held in Baton Rouge, LA. Anne Breaux, Louisiana School for the Blind, will act as chairperson.

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The New York AAWB O&M Division IX (Upstate) met at the Central Association for the Blind, Utica, New York, November 14, 1981. Led by Carolyn Gebhardt, O&M specialist, Northeastern Association for the Blind, Albany, the group discussed the plight of university O&M programs and its ramifications for the field. (It has been predicted that funding cuts will cause a drop in the number of students attending university training programs, resulting in a reduced supply of unviersity-trained O&M specialists. It is feared that administrators will find the alternative of hiring non-university trained O&M specialists more and more attractive.)

The group also worked on the draft of a position paper by Rena Weaver, Syracuse Association of Workers for the Blind, on the O&M instructor's role in the public school system. The purpose of the paper is to provide a job description and to explain the need for qualified O&M specialists. It also discusses the importance of orientation and mobility instruction in the visually impaired child's school curriculum.

This paper will be made available to O&M instructors in public school systems in New York state. It can be used to introduce orientation and mobility to a school system or to reinforce and further explain the importance of orientation and mobility instruction in schools in which programs already exist. The paper should be available by Spring 1982. Anyone who has either written or knows of a similar position paper is requested to contact: Rena Weaver, Orientation and Mobility Department, Syracuse Association of Workers for the Blind, 616-620 South Salina Street, Syracuse New York 13202.

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Remember when you took your first blindfold training? You experienced anxiety, hesitation—no real trust in the cane until you were able to "get it together." Well, try it again in a state or inner city park, using compass, Mowat Sensor, and long cane.

At the October 20, 1981 meeting of the New York AAWB Division IX (Downstate) held at the New York Association for the Blind (The Lighthouse), New York, NY Patricia Coffey Bucci, O&M specialist, Westchester Lighthouse, White Plains, NY and Bernard Blasch, marketing manager, Sensory Aids Corporation, Bensenville, IL explained orienteering and how it was adapted for visually impaired people at the National AAWB conference in Toronto last July. (Orienteering, as mentioned previously, is a timed, cross-country race using maps and compasses to reach check points on an unfamiliar course. [See "An Orienteering Program for Blind and Visually Impaired Persons," Langbein, Blasch, & Chalmers, *Journal of Visual Impairment and Blindness*, Vol. 75, No. 7, 273-276.])

Another topic under discussion was the pay scale for O&M specialists contracting with the New York Commission for the Blind and Visually Handicapped. The New York AAWB Division IX (Downstate) is seeking parity pay with private agencies for independent O&M contract work. At the request of the interest group, Monica Belleveaux, a New York City peripatology consultant, had previously composed a letter on the subject to the New York Commission for the Blind and Visually Handicapped. She reported

that the Commission was currently investigating the issue.

For further information, contact: Jim Waters, Chairperson, New York AAWB Division I (Downstate), AAWB, New York Institute for the Education of the Blind, Bronx, NY 10469.

Upcoming Conference

Texas AAWB Division IX will hold its annual spring conference on April 23-25, 1982, at the Fort Worth Convention Center Hotel, Fort Worth, Texas. Highlights of the meeting will include discussion on consumers' reactions to O&M training, training with electronic travel aids, O&M for preschool children, and O&M for the elderly and chronically ill. In addition, John Ferraro, O&M specialist, University of Houston Low Vision Clinic, will present a paper on "Training with Low Vision Aids." Current issues such as professional liability and funding sources for electronic travel aids and low vision aids will be topics for open discussion.

In the past, the Texas conference has drawn up to 80 O&M specialists from the Southwest. This year's meeting will be better than ever. For further information, contact: Mark Bane, Dallas Services for Visually Impaired Children, 3802 Cole Ave., Dallas, TX 75204; telephone: (214) 526-8901.

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TO OUR READERS

I am happy to announce that the field's response to the first issue of *Long Cane News (LCN)* was very encouraging. As of November 1982, we had received 222 subscriptions (13 from outside of the U.S.), and many letters of support for this new publication.

But the success of an endeavor such as *LCN* depends also on the willingness of you professionals to take the time and make the effort to put your thoughts down on paper. After reading this second issue, I am certainly heartened by the quality and quantity of contributions by O&M specialists and other professionals. Your willingness to share your knowledge, experience, and concerns in the open forum *LCN* provides is an indication not only of its value but also of the health of the blindness field in general, and O&M in particular.

I look forward to succeeding issues where new ideas, techniques, and creative solutions to pressing problems will be aired.

WILLIAM F. GALLAGHER
EXECUTIVE DIRECTOR
AMERICAN FOUNDATION FOR THE BLIND

Working with Community-Based Living Arrangements for Retarded Persons

Mobility specialists who are developing full-time or part-time independent mobility practices might consider offering their services to community-based living arrangements (CLA's) for retarded persons. I have been involved for over a year as a consultant in mobility for a Bucks County, Pennsylvania core team of specialists from several disciplines. It provides staff and client training and program development for retarded individuals, most of them past school age, and recently "de-institutionalized." The consultations have been interesting and productive, and are now a significant part of my business.

Some clients are visually impaired; some are not. Many of the visually impaired clients are low functioning, and in the past might not have received mobility service because they lacked apparent cane travel potential. For example, one blind young man remained continually in one spot, and would not move unless physically moved by a staff member. I first encouraged movement, and then taught CLA staff to reinforce adapted trailing, protective, and orientation techniques.

Clients who are not visually impaired need, for example, initial assessment to determine whether they can learn to walk independently to the shopping center, and a subsequent program to learn the prerequisite skills. This is an example of the generic approach to mobility instruction advocated by Welsh and Blasch several years ago at American Association of Workers for the Blind (AAWB) conventions. Who is better trained to design such programs and monitor their implementation than mobility specialists (assuming they receive additional education in the retardation area)?

JAMES NEWCOMER
ORIENTATION AND MOBILITY SPECIALIST
QUAKERTOWN, PENNSYLVANIA

The Cost-Effective Independent Provider

Marshall Flax raised several interesting questions in the first issue of the new *Long Cane News* about his attempts to succeed as a full-time independent provider. I have been surprised at the range of pay offered to independents. There are mobility specialists in the Middle Atlantic area who accept as little as $15.00 an hour while others get $35.00 an hour. Some are additionally reimbursed for mileage, program development, telephone, and report writing time at their regular rates. I have not met an independent provider compensated for travel time.

Independent providers appear cost-effective because they do not require fringe benefits and travel between clients on their own time. Many agencies have grown accustomed to paying meager hourly rates. And when funding sources dry up, as they occasionally do, independent providers do not get unemployment compensation. Many of us with full-time mobility positions have successful part-time practices because we do not need to depend upon them to support our families.

The pioneers like Flax will determine whether it is possible to succeed as full-time independent providers. In a declining economy, with government retrenchment in social services, their efforts are worth watching.—*James Newcomer*

Do Independent Providers Undercut the Market?

The following beliefs and concerns on O&M independent providers undercutting the existing market are based on local observations, but I understand that this may be becoming a national concern: some O&M instructors (who usually have full-time jobs with full benefits) are providing services part-time to third-party payers (i.e. a state rehabilitation agency) at reduced rates. In certain areas that lack accredited agencies providing services, independent providers should work at whatever price is deemed appropriate. However, I am concerned about this happening where agency services are already provided. Several full-time O&M instructors have lost their positions because of discount services offered by independent providers. Several issues need to be addressed:

(1) If freelance service is appropriate, it should be done for the going agency rate in the area. In other professions, the freelancer (e.g., an MSW in private practice), usually charges substantially more than the individual working for an agency. The reverse seems to be true in the O&M field.

(2) The independent provider is not supervised, either by peer group or administrative supervisor. How can this person be held accountable for his or her workload, goals, and results? There is also no guarantee that independent providers are certified.

(3) The agency practitioner typically has full liability coverage (i.e., the Sight Center has a $2 million umbrella policy). At what level are independent providers insured? Are they personally liable? Can their personal property, house, etc., be attached? Are they insured at all?

(4) The agency practitioner has other professionals (rehabilitation teachers, social workers, counsel-

ors, work evaluators, placement people, clerical staff, etc.) to draw upon. The independent provider does not have these resources easily available. To an extent, he or she works in a vacuum, and the clients do not benefit from the focus of professional expertise the community agency offers.

(5) During extended illness or disability, the independent provider has no backup. The agency, on the other hand, is obliged to provide O&M services. If one instructor is not available, the agency can supply another.

Additionally, independent providers might desire retirement, health care, vacation time, holidays, conferences, and other professional benefits. The independent provider's cost may be equal to or greater than the agency's.

I fear agencies may adapt the philosophy, given the current economic situation, that they do not need fulltime O&M instructors. If independent providers are willing to work for cut rates for third parties, why not for the agency or school system as well? In effect, independent providers may be contributing to the eradication of full-time work for O&M professionals.

BARRY A. McEWEN
EXECUTIVE DIRECTOR
TOLEDO SOCIETY FOR THE BLIND
TOLEDO, OHIO

New Clinic Driving Program and Resource Linkages Emphasized at Millet

We at the vision department, Millet Learning Center, Saginaw, Michigan, wish to congratulate The American Foundation for the Blind for reviving *Long Cane News*. We appreciate this link to other professionals, and we welcome the opportunity to express our concerns in *LCN*. We hope that this new publication endures vigorously and long.

In our vision department, we have three projects on which we would appreciate feedback: a new vision clinic, a driving program and the development of resource linkages.

The Vision Clinic. This clinic should be unique for several reasons: (1) it is located in a public school for severely impaired children; (2) it is associated with and staffed by the state school of optometry (Ferris State); (3) it is associated with the State Commission for the Blind Senior Program—itself unique—and therefore we will concentrate on the over 55 age group; the clinic will also emphasize screening and services for all handicapped children (at least 50 percent of all severely impaired children have visual anomalies, often other than low acuity, and these children's visual problems are underserved); and (4) there will be strong emphasis upon infant and preschool vision care. If there are other clinics that make these emphases, we would like to exchange information.

Driving Program. Several respected vision specialists in Michigan prescribe low vision aids for driving (one doctor estimates that 200 of his patients are licensed to drive). These individuals can drive if they pass the regular examination procedures using a low vision aid. The Saginaw School District has visually impaired high school students desiring to drive who could not do so under the present conditions. We have numerous concerns about this and as a result. are developing a driver training program for visually impaired persons.

Presently, no driver training program in the state specifically addresses the skills needed by a driver using a bioptic telescope. We have collected articles concerning driving for visually impaired persons. and have been in touch with leaders in this area from several parts of the U.S. We would be glad to share our bibliography and plans, and would like to hear from others working on similar ideas.

International Outreach. The Millet Center is attempting to reach out internationally, to share resources and staff, and to open channels of communication with agencies in other countries. Contact with foreign cultures helps share knowledge, generate good will and break down subjectivity: it brings forth new approaches and problems. For example, this summer I represented the Michigan Partners of the Americas at a conference in the Caribbean, and later worked as a consultant in Belize, Central America. As a result, the Millet Center has formed a partnership with the Stella Maris School for Physically Disabled Children in Belize City, Belize.

We would like to extend our goodwill network of international contacts, and would appreciate hearing from anyone interested in this idea.

DOUG BALDWIN
ORIENTATION AND MOBILITY SPECIALIST
MELVIN G. MILLET LEARNING CENTER
SAGINAW, MICHIGAN

Observations about Canine Vision

Most mobility instructors know that it is the person, not the dog guide, who decides when to cross the street. It is commonly thought that dogs are colorblind and can't distinguish between red and green lights. Canine ophthalmologists don't know whether or not that is true, but they *do* know a lot about how dogs see, and we think some of this information might interest *LCN* readers.

According to Dr. Gustavo Aguirre, associate professor & chief, Section of Ophthalmology at University of Pennsylvania's School of Veterinary Medicine, most dogs don't depend that much on their eyes. However, this is not true of dog guides. Even though a dog guide relies heavily upon hearing and smell to perform efficiently, it depends on vision much more than a pet dog. This is probably because a dog guide gets plenty of practice using its eyes in its daily work.

Dog guide instructors often talk about how a dog doesn't see well at close range, because the dog's eye has no *fovea*, the structure in the human eye that makes acute vision possible. Also, the dog's eye does not accommodate well to close vision.

According to Dr. Aguirre, dogs do, however, have enough visual acuity — and interest — to recognize their own images. They like to see themselves in mirrors and will watch television if there is a dog on the screen, even though they don't seem to pay much attention to the people. Doug Roberts, one of our supervisors in the department of instruction and training, has noticed that some dog guides will stop in front of a certain painting in the student lounge. It happens to be a realistic, well-executed portrait of a dog.

Although it may not see well at close range, a dog sees things better when they are in motion. This is an evolutionary phenomenon, according to Dr. Aguirre, because even relatively primitive organisms can detect motion, while good visual acuity appears only in highly evolved creatures, such as birds and mammals. This means the eye that sees motion is in some ways less complex than the eye that focuses sharply on images.

Dogs, like people, see in three dimensions: they can detect depth of distance, a skill that necessitates combining the images from two eyes. The dog, however, has more lateral (side) vision that the human. While this may limit depth perception to some degree, it increases the field of vision for each eye separately, and therefore helps the dog to function efficiently as a guide in traffic.

Roberts has also noticed that a dog seems to experience a reduction of vision at night. "Yet," he says, "I have never heard a dog guide user talk about his dog's lack of accuracy at night." Dogs, in fact, do experience a reduction in vision, but less than humans do. The back of a dog's eye has a *tapetum,* which reflects light back to the retina to help the dog function better in darkness. This structure (which does not appear in the human eye) gives the dog's eye a green to orange cast in dim lighting.

I hope this information is useful to O&M specialists who need to field questions about dogs from blind persons and other interested parties.

R.S. KROKUS
DIRECTOR OF INSTRUCTIONAL TRAINING
THE SEEING EYE, INC.
MORRISTOWN, NEW JERSEY

UNIVERSITY NEWS

On May 27, 1982, The American Foundation for the Blind (AFB) Held an O&M competency project planning meeting at Peabody College, Vanderbilt University, Nashville, in order to launch a national study identifying and validating pre-service O&M competencies.

Dr. Everett Hill of Peabody College and Mark Uslan of AFB, co-directors of the project, felt that establishing core pre-service O&M competencies will provide universities with a needed document for curriculum development and grant writing. To insure that the competencies accurately reflect the state of the art in O&M, a large number of O&M specialists are needed to participate in the validation process.

A name and address list is being compiled. O&M specialists willing to participate should send their name and address to Mark Uslan at AFB (see form on back page). University personnel, employers and consumers will be surveyed at a later date.

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There is bad news and good news from New York. The Hunter College O&M program was terminated. but Dominican College will now offer a program of study to prepare O&M specialists. Dominican College, located in Rockland County, (25 miles from New York City), has been involved in undergraduate training of teachers of the visually impaired since 1966. and undergraduate rehabilitation teaching since 1979. The O&M program will also be on the undergraduate level.

Dominican College's proximity to New York City will enable trainees to use the city's facilities for practicum and internships. The school's program is the only one of its kind in the New York metropolitan area. Sister Mary McCormick is the director of the program, Dr. Rona Shaw is coordinator and Cynthia Shaw, a former O&M specialist with the Center for Independent Living in New York City, will assume responsibility for instruction.

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Boston College's Division of Special Education and Rehabilitation is researching suggested environmental modifications to enhance safety and ease of travel for visually impaired rail rapid transit users. This research, being directed by Alec F. Peck and Bil-

lie Louise Bentzen, is sponsored by the Office of Methods and Support, Urban Mass Transportation Administration, U.S. Department of Transportation. It is a validation of suggestions made in Bentzen, B.L., Jackson, R.M., & Peck, A.F.: *Improving Communications with the Visually Impaired in Rail Rapid Transit Systems,* Report No. UMTA-MA-0036-81-1.

Suggestions currently being investigated include signage for visually impaired readers, labeling with raised print, tactile warnings (platform edge markings), tactile maps, auditory announcements, telephone information systems, fare card and token design, and slot design.

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Those interested in O&M research and the preparation of O&M specialists on the university level, will want to know more about the doctoral program at Peabody College for Teachers, Vanderbilt University.

Students can engage in college O&M teaching and participate in ongoing research on competency development, spatial orientation, low vision O&M, and electronic travel aids. Financial support for qualified applicants is available. Contact Dr. Everett Hill, Department of Special Education, Peabody College of Vanderbilt University, Box 328, Nashville, TN 37203; (615) 322-8150.

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Boston College's Peripatology program has been found in compliance with Section 504 of the Rehabilitation Act. The program had been reviewed in February by a unit from the U.S. Office of Civil Rights (OCR) that was concerned with "admission policies and practices" of the program, specifically those functional abilities required of students in its clinical component. OCR concluded in March that the program did not violate Section 504, and that the functional abilities required of students were essential.

.....

The Rehabilitative Optometry Department of the University of Houston College of Optometry is offering a four-week course, "Special Studies in Low Vision Rehabilitation." The course is designed for graduate nonmedical professionals such as vision teachers, O&M specialists, rehabilitation personnel, social workers, and others who wish to increase their knowledge and experience in the low vision field. Completion earns four credits from the College of Optometry.

The course is taught by members of the College of Optometry faculty, including optometrists, social workers, an O&M specialist and an educational specialist.

For further information, contact John Ferraro, University of Houston, College of Optometry, Rehabilitative Optometry Department, 4901 Calhoun, Houston TX 77004; (713) 749-4103.

AAWB NEWS

The O&M Division sponsored three programs and held two business meetings at the annual AAWB international conference in Orlando, Florida last July. Attendance was lower than usual but those who attended the sessions found it well worth their time and effort.

In the first program, three speakers addressed the topic "Orientation and Mobility Services in Germany, Poland, and Less Developed Countries," and each speaker gave a detailed account of O&M programs in these countries.

Dennis Cory said that Germany has initiated a one-year course for O&M instructors, and through this course hopes to modernize teaching methods. Stanley Suterko discussed the establishment of an O&M program in Poland, after three years of frustrated efforts. The course was finally conducted in the summers of 1979 and 1980 at the Laski School for the Blind near Warsaw. Ron Texley reviewed the activities of Hellen Keller International in the developing programs in rehabilitation, education, and blindness prevention programs in less developed countries. A training and rehabilitation services delivery program for large populations of blind adults in rural India provides a model for programs in other countries.

The second program discussed "Are Orientation and Mobility Specialists Meeting the Needs of the Consumers As Seen Through the Eyes of the Consumers?" A panel of consumers (Carl Augusto, Steve Benson, Paul Edwards, and Fred Schroeder) agreed that the teaching methods of O&M specialists don't leave enough flexibility and consideration for the individual consumer.

The final session addressed "The Use of Electronic Travel Aids with Preschool Children." Ann Henkel and Teresa Bowen presented slides of preschoolers using electronic travel aids (ETAs) for exploring their environment. Their work emphasizes environmental awareness, but also the use of ETAs for concept development.

At the O&M Division business meeting, the resignations of Jim Liska, chairperson and Anne Griffith, secretary/treasurer were officially recognized. In accordance with the O&M division bylaws, Gala Saber, chairperson-elect, will complete Liska's term. Steve Sanford was elected chairperson-elect and Bernard

Blasch was elected secretary/treasurer.

Congratulations are in order for two O&M Division members. During the general session, Kent Wardell was elected first vice-president of AAWB and Richard Welsh was elected to a second term as secretary.

The 1983 annual conference will be held in Phoenix, where the O&M Division will announce the 1983 recipient of the Lawrence E. Blaha Memorial Award.

The Lawrence E. Blaha Memorial Award and guardianship of Sir Francis Campbell's cane is the highest honor the AAWB Orientation and Mobility Division can bestow. Past recipients epitomize the ideals, standards, and dedicated service of Blaha and Sir Francis Campbell, and include: 1968-Lawrence E. Blaha, posthumously, 1969-Dr. Richard Hoover, 1972-W.G. Debetaz, 1973-Stanley Suterko, 1975-Russel Williams, 1977-Donald Blasch, 1979-John D. Malamazian, and 1981-John Eichorn.

If you wish to nominate an individual to be added to this distinguished list, please send your candidate's qualifications and reasons why you believe your nominee deserves this honor to the Lawrence E. Blaha Award Committee chairperson: Kent Tyler Wardell, 1112 W. Shorb Ave., Apt. B, Alhambra CA 91803.

Many O&M specialists may not be aware of the history of the Lawrence E. Blaha Memorial Award.

Mr. Blaha, its first recipient, was a pioneer in the field of O&M. In 1948, he began his career in work with visually impaired persons at the Central Rehabilitation Center for the Visually Impaired and Blinded Veterans, Veterans Administration Hospital, Hines, Illinois. Mr. Blaha was one of a group of six individuals chosen for training to become the original orientation and mobility specialists at Hines.

In 1961 Mr. Blaha joined the faculty of Western Michigan University and from 1964 until his sudden death was the director of the O&M training program at California State College, Los Angeles. Mr. Blaha is remembered for his wit, athletic abilities, philosophy, technical skill and his high standards. He was an educator whose ideas are remembered and continued through this award.

In addition to receiving a plaque detailing the Blaha Award, the recipient is designated guardian of the gold-handled cane of Sir Francis Campbell until the next recipient is chosen.

Campbell was an American expatriate who was knighted by King Edward VII. Campbell was born in Tennessee and was accidentially blinded before he was six. He was educated at the Tennessee State Institute for the Blind and at the University of Tennessee. Campbell taught music at the Perkins School for the Blind until emigrating to Great Britain and becoming founder of the Royal Normal College and Academy of Music for the Blind. At Perkins he was involved in early efforts to teach O&M.

AEVH NEWS

The 56th Biennial AEVH Conference was held in Vancouver, B.C. last summer and allowed people from Canada and the U.S. to get together for workshops, informal discussions and audio/visual presentations of a variety of mobility programs. Elected to the O&M program committee were: Pete Wurzberger, Department of Special Education, San Francisco State University, Bern Bileski, coordinator of services, the Canadian National Institute for the Blind, and Dr. Everett Hill, assistant professor, Peabody College, Vanderbilt University.

The O&M sessions and workshops covered a range of topics and formats. Pete Wurzberger made two videotape presentations on mobility adaptations for multiply handicapped and deaf-blind students. The first, taped at the California School for the Blind, demonstrated several adapted cane travel and communication techniques. The second videotape, produced at Sonoma State Hospital, demonstrated adapted means for getting severely handicapped young adults across campus for recreation and meals when limited assistance was available. Wurzberger and Toni Heinze then suggested how the environment can be evaluated and used to facilitate severely handicapped blind individuals' mobility.

Charles Wright from the Montana School for the Deaf and Blind presented a variety of ways to deliver mobility services to rural areas. Montana's solution includes using five base locations around the state, including the Montana School, from which mobility instructors provide service to over 100 students. Wright emphasized the importance of cooperation between the residential school and its bases, as well as cooperation between mobility instructors and students' other teachers.

Kay Ferrell, the American Foundation for the Blind's national consultant in early childhood, outlined several critical early motor skills and developmental stages that are prerequisites for efficient mobility. These included reflexes, balance, rotation, tone and protective reactions. She demonstrated how difficulties with these motor abilities could impede effiicent range of movement. Ferrell explained how the related development of visual and motor skills gets the young child moving.

Toni Heinze discussed multiply handicapped persons and outlined several critical elements needed for very young multiply handicapped children to interact with their environment at an early age. She stressed that the children should initiate their own activity as soon as possible.

Conference attendees also participated in two informal activities. The first showed slides and videotapes of mobility programs around the country which

dealt with multiply handicapped and/or deaf-blind youngsters. These included programs from California, Illinois, Montana, and an auditory cuing system from AFB. The second provided informal groups where a variety of issues were discussed.

Members are encouraged to contact the new program committee members (addresses below) regarding ongoing activities and plans for the next AEVH conference in Nashville in 1984.

Pete Wurzberger
San Francisco State University
1600 Holloway Ave.
San Francisco, CA 94132

Bern Bileski
Canadian National Institute for the Blind
British Columbia-Yukon Division
350 E. 36th Ave.
Vancouver, BC V5W 1C6

Everett Hill, Ed.D.
Department of Special Education
Box 328, George Peabody College
Vanderbilt University
Nashville, TN 37203

LANDMARKS

Fidelco Guide Dog Foundation, Inc., has initiated a community training program where students receive individualized instruction with their dogs at home. Fidelco primarily serves the New England region.

The community training program provides an alternative to blind persons wishing to receive dog guides, but whose commitments to jobs, families, etc. might preclude enrollment in a residential program.

For more information, contact John Byfield, director of training, Fidelco Guide Dog Foundation, Inc., Box 142, Bloomfield, CT 06002; (203) 243-5200.

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Tom and Bear, a new book by Richard McPhee, published by Thomas Crowell, describes the 26-day training program at Guiding Eyes for the Blind, Yorktown Heights, New York. The 148-page book stresses the relationship between owner and dog. It is available from the publisher or Guiding Eyes for the Blind at a cost of $15.00 per copy. The book is also available on cassette from Guiding Eyes (send two C-90 cassettes and a self-addressed return envelope).

A legislation digest on the rights of blind persons to have their dog guides with them in rental housing and public places has been compiled by the Seeing Eye, Morristown, New Jersey; Guide Dogs for the Blind, San Rafael, California; Leader Dogs for the Blind, Rochester, Michigan; and Guiding Eyes for the Blind, Inc., Yorktown Heights, New York. Copies are available directly from the schools.

.....

As reported in the premiere issue of the *LCN*, Guiding Eyes for the Blind is offering a three-day seminar for experienced O&M specialists on dog guide training and how the O&M instructor can most successfully work with the dog guide user. Those interested but unable to attend should contact Ted Zubrycki, who will address their questions in future issues of *LCN*. Write him at Guiding Eyes for the Blind, Yorktown Heights, NY 10598; (914) 245-4024.

.....

International Guiding Eyes, Inc. moved into its new facilities in Sylmar, California in July 1981. Their training center now covers more than six acres, with all facilities (dormitories, dining room, gardens and paths) specifically designed to suit blind students' needs.

.....

At Guide Dogs for the Blind, Inc., San Rafael, California, a new downtown student lounge has been constructed. Also, the facility's recently instituted "Replacement Training Program" has sufficiently reduced the waiting list for replacement students and relieved pressure on regular classes.

.....

At Leader Dogs for the Blind, Rochester, Michigan, several advancements have been made over the last few years. In downtown Rochester, students now use a new lounge area and a two-block practice area for night and odd-hour extra use. Leader Dogs also uses a building in downtown Detroit for heavy traffic training, and revolving doors and elevator practice.

.....

Based on her intern experience at Guiding Eyes for the Blind, Yorktown Heights, New York, Rebecca Eavenson developed an assessment tool to determine the scope and achievement level of potential dog guide students' O&M skills. The assessment form is to be filled out for the dog guide school by the O&M specialist.

Rebecca's assessment is one way O&M specialists can work together with dog guide schools to help visually impaired people become more independent.

For a copy of the assessment, contact Rebecca Eavenson, O&M specialist, 3540 S. Hillcrest Drive #A2, Denver, CO 80237; (303)757-0353.

.....

Two O&M associations have reorganized and become active after a period of dormancy. The Northern California Association of Orientation and Mobility Specialists (NCAOMS) is now holding quarterly meetings. For more information, contact Anne Du Toit, president, NCAOMS, California School for the Blind, 500 Walnut St., Fremont, CA 94536; (415) 794-3800.

Approximately 20 O&M specialists working in Oregon have also organized. By encouraging associate membership in NCAOMS, the Orientation and Mobility Association of Oregon (OMAO) has opened up new avenues of communication between California and Oregon. This opportunity is crucial in Oregon, where many miles separate areas served by individual O&M specialists.

OMAO welcomes communication from organizations with similar interests, questions or ideas. Contact Cris Kostol, OMAO chairperson, Douglas ESD, 1871 NE Stephens, Roseberg, OR 97470; (503) 440-4766.

.....

Long Cane News readers may recall that Rena Weaver, Syracuse [New York] Association of Workers for the Blind, has put together a position paper on the O&M specialist's role in New York State public school systems. Claire Irwin, an O&M specialist with the New Orleans Parish Public Schools, contacted Weaver and subsequently put together guidelines for her school system on "The Role and Responsibilities of the O&M Specialist." The guidelines give a detailed description of what can be expected of an O&M specialist in a public school setting: O&M is defined and the areas of responsibility are described. Selections on qualifications of the O&M specialist, student elegibility, continuum of services, instructional content, and composition of caseload are also included.

If you need to develop similar guidelines, contact Claire Irwin, 1834 Broadway, New Orleans, LA 70118.

.....

Raymond McClintock, O&M specialist with the Lighthouse for the Blind, Duluth, Minnesota, has found "Lego" blocks a practical, economical teaching tool. Lego blocks are small plastic toy blocks that connect to one another and a base board by raised plastic snaps. The board is small (10″ × 10″), making it convenient to carry to lessons. He reports that tactual maps are easily constructed and reconstructed and that destinations and landmarks can be identified by snapping one block on top of another. Lego sets are available at most toy and department stores.

Teaching O&M to a visually impaired person with retinitis pigmentosa can be extremely difficult because of the stigma of the cane and blindfold to persons who face the prospect of gradual sight loss. Training options based on the visually impaired student's psychological outlook are described in *Orientation and Mobility for the Retinitis Pigmentosa Student* by Charles M. Bauserman, an O&M specialist with the Virginia Commission for the Visually Handicapped. Additional information concerning the National Retinitis Pigmentosa Foundation, low vision aids, dog guides, and vocational implications of retinitis pigmentosa are discussed. For a copy of the paper, write Charles M. Bauserman, O&M specialist, Virginia Commission for the Visually Handicapped, 1030 S. Jefferson St., Suite 200, Roanoak, VA 24016.

.....

Mike Corbett, O&M coordinator and Joseph David Bailey, O&M specialist for North Carolina, have put together a paper on *Selection of a Residential Training Area*. In the paper they discuss the importance of the residential teaching area and identify features that need to be considered in selecting one (block patterns, sidewalks, curbs and corners, streets, traffic patterns, intersections, etc.). The authors also stress proper instuctional sequence and suggest teaching topics. *Long Cane News* readers interested in a copy of the paper should write to Mike Corbett, State O&M Coordinator, Rehabilitation Center for the Blind, Box 33, Butner, NC 27509.

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Patricia Bussen, project director of the Rehabilitation Teaching Program at Northern Illinois University, is looking for dually-trained individuals in O&M and rehabilitation teaching to participate in a survey determining job satisfaction and role efficiency. If you have received certification in both areas and are interested in participating in the survey, please send your name and address to Patricia Bussen, Department of Learning, Development and Special Education, Northern Illinois University, DeKalb IL 60115.

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An upcoming issue of the *Journal of Visual Impairment and Blindness* will publish a report on the Computerized Travel Aid. "AFB's Computerized Travel Aid: Two Years of Research and Development," describes American Foundation for the Blind's efforts to develop an effective, versatile, and inexpensive computerized travel aid (CTA) combining Polaroid's ultrasonic ranging technology with a microprocessor. When the initial prototype was completed, Bob Smith, Gary Snyder, (O&M faculty at Boston College) and Don Rapp, an experienced user of electronic tra-

vel aids, compared the CTA with currently available technology such as the Pathsounder, Mowat Sensor, and Laser Cane. An advanced prototype, modified according to their recommendations, subsequently performed extremely well.

For more information, write to Mark Uslan, national consultant in orientation and mobility, American Foundation for the Blind, 15 W. 16th St., New York, NY 10011.

.....

Two recent subway accidents in New York City have involved cane traveling blind persons. One resulted in the tragic death of Bert Zimmerman, rehabilitation counselor, Industrial Home for the Blind, in Brooklyn; the other accident involved David Schnair, executive director of the Blinded Veterans Association. Fortunately, a pedestrian, Reginald Andrews, came to Schnair's aid by jumping onto the tracks and pulling him away. (*Long Cane News* readers may have read about or heard of David Schnair's accident because President Reagan commended the act of heroism by Andrews.)

In both cases, the blind travelers fell between subway cars that did not have protective gates. The wide space between cars was mistaken for an open subway door. Although many New York Metropolitan Transit Authority (MTA) subway cars have protective gates designed to prevent such accidents, this is not the case with all subway cars.

The New York chapter of the American Council of the Blind filed suit against the MTA in 1978, charging that the lack of protective gates on the R-44 and R-46 subway cars constitutes discrimination against the visually impaired. The suit is pending.

On January 7, 1983, a meeting was held at American Foundation for the Blind that included consumers, representatives of consumer groups, private agency directors, and the New York State AAWB. The group decided to express concern to New York Governor Mario Cuomo, other elected officials, and the press. The NY AAWB O&M Division (downstate) is further investigating the subway safety issue. Patricia Coffey, Downstate Division chairperson, welcomes information, comments, or suggestions from O&M specialists who have teaching experience with subway and rapid rail transportation. Contact: Patricia Coffey, senior O&M specialist, Westchester Lighthouse, 354 Mamaroneck Ave., White Plains, NY 10605; (914) 761-3221.

CONFERENCE REPORTS

Last October 29th and 30th, the South Metropolitan Association (SMA) in Chicago hosted the 11th Annual Orientation and Mobility Non-Conference. For the uninitiated, this informal gathering of O&M instructors takes place every fall in the Midwest. Approximately 100 people attended this year.

The conference organizers, Judy Davidhizar Holmes, Peggy Madera and Terry Longo, all SMA O&M specialists, put together a program which included informative presentations, a lively social hour, and entertainment by the Hines (Veterans Administration) players.

Dr. Everett Hill began the conference with a gentle warning about over-familiarizing our clients. It is a challenge to O&M instructors to re-evaluate teaching methods: are we spoonfeeding our students? Could a student "survive" on his or her own in a new situation? Hill emphasized that we need to use the variety of electronic aids available to our students. Hill aso expressed his concern that more research is needed in the O&M field.

Following Hill's presentation, Peggy Madera and Judy Holmes demonstrated a unique teaching format that combines fun and learning—a "Mission: Possible" lesson for two of their 11-year-old students. Using clues, the students, nicknamed Sherlock Holmes and Sneaky Pete, were intellectually and humorously drawn into a space age treasure hunt.

Madera and Holmes designated a series of progressive hints that led to an alien space creature named O_2M_2 (a decorated trash can). A tape recording stated the purpose of the mission, *a la Mission: Impossible*, and the two visually impaired super sleuths used all of their O&M training to piece a puzzle together and successfully solve the case.

The filmed action gave the audience a real treat following their progress. Long coats with multiple deep pockets were only a part of the gear worn. Spy glasses, monoculars, and slouchy hats made the young pair of sleuths wonder if their mission was fact or fiction. Would they answer the telephone and get the first clue? Would they find the correct intersection and properly see the yellow and green second clue using the monocular? They did, the world was finally saved from catastrophe through the skill and valor of two young heroes, and the audience couldn't have been more pleased.

What did it all prove? Well, we have yet to see a more clever way of encouraging school-aged children to use all of their travel skills and have fun doing it.

While Madera and Holmes admittedly spent a good deal of time constructing clues, taping instructions and soliciting participation from "outsiders" such as secretaries, teachers, and merchants, they felt that their time was well spent. The audience was tremendously impressed with the vitality and enthusiasm of the teachers, students and outsiders involved

with the concept.

This was followed by an unusual slide presentation starring the Hines Players. It told the story of "Gary T. Orientor," played by Gary Shultz, and described an overworked, dedicated O&M instructor whose problems are multiplied because of his lack of excercise and love for beer. A fellow O&M instructor, "Rick Goodbody," tries to help Gary by showing him how to get in shape. Gary is not interested until he has an inspiring dream one night. Upon waking, Gary is shown as a changed man.

On Saturday, Leslee Williams, program director for the SMA vision program, welcomed those attending, paraphrasing a Chicago-area psychiatrist by noting that O&M specialists—being independent thinkers and doers—represent the mavericks of the vision field.

Following the welcome, Stan Suterko shared his experience in developing a program in an Eastern Bloc country. Stan's anecdotes pointed up his frustrations abroad along with some lighter moments. Those who deal with rigid administrations realized that things could be much worse!

Ken Tapp, from the Wisconsin School for the Visually Impaired, presented an inservice format he had used. He shared a video tape showing students in mobility lessons—an excellent tool for explaining O&M to those unfamiliar with it (parents, teachers, staff).

Bernie Blasch, from Sensory Aids Corp., discussed the problems of getting enough instructors trained to use electronic travel aids.

Bob Transon, an O&M specialist at Milwaukee Area Technical College, presented an approach to travel instruction which encompasses more than the traditionally-addressed concepts. The program, co-developed with his wife Carol, an occupational therapist, emphasizes sensory integration as a basis for O&M skills. His lecture was supplemented by a thought-provoking videotape.

Don Blasch wrapped up the conference with a synopsis of the present and future of mobility. His talk skillfully described its first tentative steps and traced its lineage to the present. Future considerations involve coping with federal and state budget cuts, and developing appropriate instruction for both elderly and multiply handicapped persons.

The 1983 Midwest Non-Conference will be held in Kalamazoo, Michigan. Details will be published in the next *LCN*.

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The Orientation and Mobility Division of the Northeast Chapter of AAWB held a workshop May 15, 1982 at the Perkins School for the Blind in Watertown, Massachusetts.

Martin Yablonski, assistant executive director of Guiding Eyes for the Blind discussed the use of dog guides by multiply handicapped persons. John Byfield, director of training, Fidelco Guide Dog Foundation, discussed the development of Fidelco from a breeding program, supplying German Shepherds for other dog guide training centers, to where it now provides dog guides while training visually impaired people at their homes (see Landmark, p. 7).

Dr. James Luiselli, a psychologist and a constultant for Perkins School for the Blind, discussed some legal and financial aspects of setting up a consulting service.

Herb Cohen, a speaker from the Service Corps of Retired Executives (SCORE), discussed counseling services and training workshops available from his office under the auspices of the Small Business Administration.

During a general meeting, the group discussed the need to get together with other instructors to discuss practical O&M problems, solutions, innovations, resources, etc. Since the workshop, they have met bimonthly for two hours. Each meeting has a theme but is loosely organized to encourage other topics. Attendance has been good and the discussions have been helpful.

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The business meeting of the Annual Northeast Conference of AAWB and AEVH was held in Vernon, Conn. on Nov. 5. Vickie Brennan, an O&M instructor in the Deaf Blind Program, Perkins School for the Blind, was elected program coordinator. Cheryl Gannon, community O&M and rehabilitation teacher for multiply handicapped clients, Massachusetts Commission for the Blind, continues as secretary/treasurer.

.....

A mobility instructor's interest group session was held at the Annual Statewide Institute for Educators of the Visually Impaired in Chicago, Oct. 28th and 29th.

Richard Webster, O&M specialist at the Illinois School for the Visually Impaired, Jacksonville, presented two programs. The first dealt with O&M concept development and covered many topics that should be taught to the blind child with faulty concepts. He showed how to construct a real world for the congenitally blind youngster and how to unbind the restrictive space that confines so many of them.

The second dealt with mobility programs at three schools for the blind in South Africa. Webster, who was a consultant in South Africa last summer, pointed out that native black and coloured children in South Africa develop without blindisms because of a more active parental involvement. The African mother carries her child on her back at all times and the child is exposed to a variety of experiences from an early age.

UPCOMING CONFERENCES

This year the annual Southeastern Orientation and Mobility Association Conference will be held at the Prince Murat Inn in Baton Rouge, Louisiana February 16-18, 1983. The emphasis of the conference will be the unique O&M needs of the multiply handicapped and preschool populations. For recreation, a Jambalaya Dinner Party will be held on Thursday evening, February 17th.

For more information, contact Anne Breaux, Louisiana School for the Visually Handicapped, 1120 Government St., Baton Rouge LA 70802; (504)342-4756.

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An international O&M conference is being planned for June 23-25, 1983 at the Canadian National Institute for the Blind, Toronto. More details will be published in the next issue of *LCN*.

For more information, contact Jay Wadsworth, Canadian National Institute for the Blind, Bayview Ave., Toronto, Ontario M4G 3E8; (416)486-2640.

.....

The Upstate New York O&M division of AAWB is planning a Spring Institute for 1983. The theme will be "Developments in Medicine—Implications for Rehabilitation." This will be a chance to find out about the latest developments in medicine regarding dialysis, continuous ambulatory peritoneal dialysis, insulin pumps, kidney transplants, and the "new" retrolental fibroplasia (RLF). The after-effects of head injuries is another proposed topic.

The institute will be held at the Upstate Medical Center in Syracuse. For further information contact Carolyn L. Gebhart, Chairperson, Upstate NY O&M Division-AAWB, Northeast Association of the Blind, 301 Washington Ave., Albany, NY 12206; (518) 463-1211.

Subscription Reminder

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ATTENTION ORIENTATION AND MOBILITY SPECIALISTS

We need your help in identifying and validating Orientation and Mobility competencies. It is extremely important that you give us your input so that a set a national competencies can be developed that will reflect the state of the art in Orientation and Mobility.

Please join us in this most important endeavor. Fill out this form, and we'll be in touch.

Name _____

Address _____

Telephone Number _____

Thank you,
Mark M. Uslan
American Foundation for the Blind
Everett Hill, Ed.D.
George Peabody College

Send to Mark Uslan, AFB, 15 W. 16th St., New York, NY 10011.

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John Malamazian, Early O&M Specialist and Rehabilitation Pioneer, Dies

John D. Malamazian, Sr., retired chief of the Blind Rehabilitation Center, Veterans Administration (VA) Hospital, Hines, Illinois, died unexpectedly March 10 of complications following surgery. Blinded veterans, co-workers, friends and family were saddened by Malamazian's death, which followed so soon after his retirement.

Malamazian began his rehabilitation career as a corrective therapist in the Spinal Cord Unit at the Hines facility in 1948. The following year, he transferred to the Blind Rehabilitation Center to become an O & M specialist. In 1967, Malamazian was promoted to chief of the Blind Center.

Malamazian was one of a pioneering staff that played a vital role in the growth and development of rehabilitation training programs and in recruiting and training personnel for three other VA centers.

During his tenure as chief, research programs for electronic reading machines and electronic travel aids were initiated. Malamazian established a Family Program, and was involved in the Job Retention Program, designed to encourage industry to retain employees who had become blind or visually impaired.

He taught O&M summer workshops; university programs at schools for the blind in Colorado, Indiana, Iowa, Texas, Missouri, Maryland and Connecticut; and in public and private schools.

He also wrote several articles on blind rehabilitation and others on O&M which have been published in professional journals while at Hines. He served on committees for veterans, professional organizations, churches, schools and the State of Illinois.

Malamazian received many awards for his outstanding work with blinded veterans and with professionals in the field throughout his career. In 1979, he received the Lawrence E. Blaha Memorial Award from the O&M Division of the American Association of Workers for the Blind for excellence in the field.

Malamazian retired last year following 37 years of service to the federal government. More than 200 people attended a banquet in his honor and heard letters of congratulations from his former co-workers, blinded veterans, Mayor Jane Byrne of Chicago, Governor James

TO OUR READERS

I sense that O & M specialists are reading *Long Cane News* and like it. Please feel free to let me have your reactions, peeves. If you wish to contribute material for publication (and I hope you do!) note that the Winter 1984 issue deadline for submitted materials is October 1, 1983; the Summer issue deadline is March 1, 1984.

I also want to remind you to renew your subscription. A subscription form is located on p. 11 of this issue.

Have a good summer!

MARK USLAN
EDITOR

Thompson of Illinois, and President Ronald Reagan.

One of John's greatest sources of support over the years came from his wife Milly. Our condolences to her and their four children: Maureen, Patti, Carol and John.

GALA SABER
VETERANS ADMINISTRATION HOSPITAL
HINES, ILLINOIS

From the President of the National Association for Parents of the Visually Impaired

If a questionnaire were circulated among parents raising visually handicapped children, asking them to rank in importance the continuum of services that help to prepare the child for adult life in the sighted world, I suspect that O&M skills would top the list. In fact, it is so important that we need a thousand more O&M specialists in this country. It occurs to me that O&M specialists are in a position to help parents become more knowledgeable.

Raising a child with a visual impairment leaves parents roles they may not be prepared to face. After all, this is not the way we want things to be. Lee Robinson, past president of the National Association for Parents of the Visually Impaired (NAPVI) Inc., noted: "Parents must regard themselves as the long-lasting resource and the only consistent persons who continually have the child's interest at heart throughout their lifetime."

NAPVI helps parents fulfill that function. NAPVI strives to serve families of childen of all ages and ranges of visual loss. It is a broadly-based, nonprofit organization of parents, parent organizations, agencies, and other persons with common objectives—support and service to the parents of visually impaired children.

NAPVI was not around when I was told my child was blind. I went through a lot, but was determined to find out what other parents in my shoes were doing. This was my first realization that parents, parents working with other parents, are so important.

If you are working with a preschool blind child, contact the child's parents and tell them about NAPVI.

For more information, I urge you to drop us a line at the national office. Let us hear from you.

JACQUELINE CARROL
PRESIDENT, NAPVI
BOX 29066
DALLAS, TX 75229
(214) 358-1995

Preschool O&M Programming

One of the major challenges facing O&M specialists is that of providing appropriate O&M programming for preschool visually impaired children and for multiply handicapped, visually impaired children functioning at the 0-5 age level. These children are being integrated into educational programs with increasing frequency. O&M specialists are called upon to conduct assessments, and to plan and implement appropriate O&M instruction as part of Individualized Educational Programs (IEPs). Consequently, many O&M specialists have expressed a need for knowledge and expertise for working with this special population.

Recent research in the area of cognitive development of the visually impaired (particularly that of Selma Fraiberg and Beth Stephens) and numerous conversations with teachers, O&M specialists, preschool educators, and developmental therapists, convinced me that a strong case can be built for early intervention in O&M programming. In all likelihood, such programs will lead to a child's attaining meaningful movement, exploration and negotiation of the environment, and developing critical body and spatial awareness concepts. If early intervention programs in O&M are implemented for these children, it is possible that in the future O&M specialists will not have to spend countless hours providing remedial instruction. Instead, efforts could be devoted to teaching O&M skills to visually impaired children at appropriate readiness levels.

Some O&M specialists are already providing early intervention programming, developing appropriate methodologies and adaptations to work with preschool visually impaired and multiply handicapped children. These specialists should be strongly encouraged to share their ideas in the *Long Cane News* and professional journals.

There is also a need to provide preservice instruction to students in university programs and inservice training to professionals in the field. I hope we will all examine the part we have to play in this critical aspect of O&M programming.

The faculty at the University of Northern Colorado would appreciate hearing from anyone willing to share their ideas, methodologies and adaptations; and in turn, we will be open to providing support in this area .

JUDY ANDERSON-WRIGHT
ORIENTATION AND MOBILITY PROGRAM
UNIVERSITY OF NORTHERN COLORADO

Investigating Medicaid Reimbursement for O&M Services in Ohio

Recently, members of the O&M Interest Group of the Ohio Chapter of AAWB decided to pursue information on how to procure a Medicaid provider's number.

The issue has come up repeatedly for our members, particularly for those who are doing contract work and are not receiving an adequate number of referrals for financial survival. There is also a number of visually impaired people who cannot meet the eligibility requirements for vocational rehabilitation, yet are in

need of mobility services. These people often fall through the bureaucratic cracks and do not receive any of the rehabilitative skills necessary to enhance functioning.

Medicaid is a medical care program established in 1965 by an amendment (Title XIX) to the Social Security Act. The Act established a system for states to pay directly to hospitals, doctors, and other medically related professionals for services rendered to recipients of public assistance.

Medicaid is supported by state and federal monies and administered through state agencies. Because of this, program benefits and provider eligibility vary from state to state. Medicaid differs from Medicare in that it provides medical services only to low income families and SSI recipients. Medicare is the federal medical program associated with Social Security and is provided to Social Security recipients no matter what their income.

The largest number of potential clients who receive Medicaid and yet are ineligibile for state rehabilitation funding are elderly people in nursing homes. Studies show that approximately 50 percent of the visually impaired population is age 65 and older. Many of these individuals are going without essential services.

Because of these inadequacies in the present system, our group decided to see what could be done. Unfortunately, we have run into many obstacles. Our first step was to survey other people throughout the country to determine what they had done. We found that, as yet, few groups or individuals had ventured into this area.

Next, we contacted the state Medicaid office. We found that in Ohio there is a special office for providers and that they have a notebook (a huge notebook, I might add) on provider eligibility requirements. There are an abundance of forms to be filled out and sent in. The biggest, and what seems at times, an insurmountable block, is that the profession of O&M is not listed on the eligible services list. To be on this list entails going through the state legislative process. We are currently writing and gathering documents which prove that O&M is indeed a legitimate profession and that service is essential for many individuals' health, medical, and emotional well-being.

At our spring meeting we will begin a letter and petition drive which will reach targeted members of Ohio's Congress and Senate. If we succeed, certified O&M instructors will be able to apply for a Medicaid provider's number. The number will enable the instructor to give service to Medicaid recipients (with a doctor's referral) and gain Medicaid reimbursement.

As chairperson of the state O&M group, I would be happy to share information with other interested groups or individuals.

RANDI MAILE
CLEVELAND STATE UNIVERSITY
CLEVELAND, OHIO 44115

Medicaid: Frustrations of an Independent Provider in Wisconsin

I used to think that the biggest hurdle to obtaining funding from Medicaid as an independent provider of O&M services would be finding a physician who would view O&M as medically necessary. But, once I found the needy client, the willing doctor, the supportive social worker, and the enthusiastic rehab counselor I still couldn't do it—because I couldn't get paid.

Since Medicaid does not recognize O&M in its administrative rules, I can't get a Medicaid provider number. Without a provider number, I can't get paid. I suppose that I could be paid if I was on the staff of a hospital or clinic, and O&M was part of my job description; or if I worked directly for a physical therapist, occupational therapist, or a medical doctor and the money was funneled through them. But, I would expect that they would want a percentage of my fee for processing and handling, and there might be liability and workmen's compensation to deal with, and so on. And in the end I wouldn't be an independent provider.

About Medicare, I don't know. But I suppose it would be the same story.

I'm frustrated about it, especially when I see clients going without services. This is especially true of the individual with diabetes who has multiple complications (for example, visual impairment and kidney failure). My experience has been that these people are too sick from renal problems to succeed in a regular vocational rehab program. They're too medically involved for the regular blindness rehab program, and the medical renal programs don't deal with their blindness. They truly need the help of Medicaid—but they don't get it.

MARSHALL FLAX
MADISON, WISCONSIN

Medicaid: Insights from AFB's Washington Office

At the American Foundation for the Blind, we have been trying to "get a foot-in-the-door" with Medicare through proposed Health Care Financing Administration (HCFA) regulations on coverage of comprehensive rehabilitation facilities (CORFs). The possibility exists that O&M training and low vision services might be covered *if* given on-site in a CORF, but this has not yet been confirmed by HCFA. However, this would not benefit the independent providers.

Arrangements can be made for policy and management staffs of HCFA to attend meetings with interested groups of O&M specialists. I would be happy to assist in such arrangements.

As to Medicaid coverage for O&M specialists, the question depends upon each individual state. If a state wishes to cover O&M training in its services, it is

free to do so. Title XIX (Medical Assistance) of the Social Security Act does not refer to O&M training or low vision services. Section 1905 (a) of the act defines "medical assistance" in part, to include ". . . (12) prescribed drugs, dentures, and prosthetic devices; and eyeglasses . . .", "(13) other diagnostic, screening, preventive, and rehabilitative services; . . .", and ". . . (18) any other medical care, and any other type of remedial care recognized under state law, specified by the Secretary. . . ."

Those services which will be provided by the states under Medical Assistance are spelled out in the states' plans which are submitted to the Secretary of Health and Human Services for approval and for purposes of cost sharing. Unfortunately, in the federal regulations regarding section 1905 of the Act, Medical Assistance is defined in such a way that it precludes inclusion of O&M as a service for which states are eligible for Federal Financial Participation (FFP). However, this does not preclude a state from paying for any services it provides out of its own funds.

I would also be happy to informally meet with O&M specialists interested in the Medical Assistance problems in general. Perhaps AAWB Phoenix will offer the opportunity. If you are interested in getting together, contact Mark Uslan or me.

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The AAWB/AEVH Alliance

There has been a lot of confusion about what the alliance is—whether AAWB and AEVH have actually merged. What follows is a background and update on current status of the Alliance.

The Alliance was formed in February 1981 after months of negotiations between AAWB and AEVH. The Alliance is a nonmembership corporation which serves as a vehicle for bringing the two groups closer together. As a result of their alignment they agreed to move both central offices to a new shared location. They also decided to submit a joint proposal to the American Foundation for the Blind for an endowment to strengthen both organizations and allow them to grow. Because of tax considerations, AFB gave the Alliance a three year grant rather than an endowment.

AAWB and AEVH moved into shared office space in October 1981 but continued to maintain separate staffs, budgets and operations.

In 1982, agreement was reached to publish a joint newsletter rather than the separate issues of *News and Views* and *Fountainhead*. A joint publications committee also agreed to work toward consolidating all publications.

At their respective conventions in the summer of 1982, each organization's membership passed resolutions calling for the merger of AAWB and AEVH by July, 1984.

In order to facilitate this process, central office staffs were merged. Effective January 1, 1983, all personnel were employed by the AAWB/AEVH Alliance. AAWB's former executive director became executive director of the Alliance, and AEVH's executive secretary became membership coordinator for both groups. Other office personnel have combined duties and work for both associations. AAWB and AEVH are still separate legal entities with separate budgets and separate memberships. As an example of how salaries are handled, one half of the executive director's salary is paid by AAWB and one half by AEVH.

Although the membership resolutions passed by the two associations called for "merger," it has been agreed that the desirable procedure is "consolidation." Legally, a merger is the taking over of one group by the other, whereas consolidation means that two groups join together, each one dissolving as a separate entity, to form a new association.

The governing state laws require that a Plan of Consolidation be drawn up which includes the major points of agreement about what the new organization will be like. A joint committee with three representatives from each association met recently in Washington, D.C., to draft such a plan. Summaries of that first draft will be available from the central office and chapter and regional officers. Also, a summary will be given in the next issue of *Alliance News*.

Sometime, probably in mid-June, the joint committee will meet again to discuss reactions, and at that time they will draw up a final version of the Plan of Consolidation. This version will go to the full membership of both associations for their approval. This will probably be in October. It is hoped that by January 1, 1984, the two associations will be legally consolidated with *one* membership and one organizational budget. After that is accomplished, by-laws will be adopted and other final details worked out. In late June 1984, in Nashville, there will be the first international conference of this consolidated association.

KATHLEEN MEGIVERN
EXECUTIVE DIRECTOR
AAWB/AEVH ALLIANCE

Guidelines for Independent Providers

The issues raised by Barry McEwen about O&M independent providers are all pertinent. Perhaps it is time for the O&M interest groups of AAWB-AEVH to look into independent O&M providers and see if guidelines would help.

Perhaps it is also time to look into liability for both independent providers and all O&M services. It may

help to have guidelines to ensure that quality services are being provided, and that the provider protect him- or herself from legal problems later.

BILL BRYAN
STEPHEN AUSTIN STATE COLLEGE
NACOGDOCHES, TX

Setting Fees for Private Contracting

This letter is in response to Barry McEwin's letter, published in the Winter 1983 issue of the *Long Cane News*.

I have been in the O&M field for 12 years, and during the past four years, I have formed a corporation and treat all private vending as a business activity.

Presently, my company has written contracts with seven school districts to provide mobility services to legally blind children. Not only were these districts receptive to private vending (due to the relatively few children who receive O&M services), they were also a major encouragement in forming a corporation to provide professional services. In fact, the superintendents of two districts indicated that they would only do business with corporations—not individuals—due to legal and insurance issues.

Mr. McEwen raised several important issues which every mobility specialist who contracts privately should carefully consider. In regards to the hourly rate charged, I must agree that the exact amount that local agencies charge for mobility services be considered when establishing private vending rates. Furthermore, this hourly rate must support: basic telephone service; postage and related freight charges; office supplies; instructional materials and training equipment (e.g., cane cutter, braille paper, tactual maps, etc.); insurance coverage [including premises liability, malpractice, health insurance, workman's compenstion and additional automobile insurance (many private vendors should consider life insurance, disability insurance, unemployment insurance, and some basic retirement insurance plan)]; professional services to maintain proper records, including an attorney, accountant, bookkeeper, and a commercial banking institution; and automobile and travel expenses.

It has been my experience that these fixed overhead costs are similar to, and in specific cases, higher than those incurred by a local service agency. Approximately 25 percent of all fees charged by my company supports automobile and travel related expenses. An additional 25 percent provides the balance of the related services, supplies, and insurance needed. I do not charge an hourly fee for travel time, report writing, and/or recordkeeping.

It is rarely possible for me to provide more than 25 hours of professional services in any one week; nor is it possible to sustain this level of activity for more than a few weeks at best. It is difficult to maintain quality of instruction for each student unless I schedule myself for less than 25 hours per week. Fortunately, I am in frequent contact with at least one other O&M specialist (who also has had administrative and supervisory responsibility) to discuss training progress, goals, objectives and problems.

After several years of experience (and a stack of invoices and bills), I am convinced that those private vendors who charge less than local agencies, do so because they have the foundation of a full time job (or secondary income in their household) to support many of the actual costs of providing mobility services. I hope it is not out of "blissful ignorance" that my colleagues are undercutting local agencies.

PATRICIA ANN KEOLESKI
SWARTZ CREEK, MI

UNIVERSITY NEWS

The **Boston College** Peripatology Program has recently had a contract approved by the Massachusetts Department of Mental Health to provide O&M services to Wrentham State School in southeastern Massachusetts. Also, the graduate programs in the Division of Special Education at Boston College were granted additional personnel preparation funds from the U.S. Office of Special Education. These funds are earmarked for aid to students, personnel and equipment.

Interns from Boston College's Dual Program (education of the visually impaired and O&M) have been placed at the Virginia Department for the Visually Handicapped, the Lancaster-Lebanon Intermediate Unit in Pennsylvania, and the Low Incidence Cooperative Agreement (LICA) Vision Program, Arlington Heights, Illinois.

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California State University/Los Angeles has changed its admission schedule for beginning O&M students. Instead of being admitted each quarter, new students are now admitted in the fall, winter, and spring quarters. Although university aspects of the program close during the summer quarter, the off-campus internships continue.

James Siegel and Deanna Clark will be providing an extensive seminar sequences on O&M for the multiply handicapped. Student teaching experiences with multiply handicapped persons is now provided as a regular part of the program.

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Beth Mann has joined the staff of the **Cleveland State University** program and William Wiener is working on his doctoral dissertation. He is simulating visual

impairment among sighted subjects and investigating its effect on public attitudes.

New internship sites have been developed with the Maryland School for the Blind and the Toledo Society for the Blind.

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As mentioned in the last issue of *LCN,* **Hunter College's** O&M program was terminated and a new undergraduate program was developed at **Dominican College** of Blauvelt, Rockland County, New York. Cynthia Shaw is the instructor in the Rehabilitation Services Administration (RSA) funded program. The curriculum format is based on the program at Hunter College, stressing the inner city population. Students pursuing an O&M specialty begin related coursework in their sophomore year. Blindfold experience and low vision simulation is given in the summer session.

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At **Florida State University,** a number of workshops are planned for this summer. In a mobility workshop, O&M techniques for certified teachers of the visually handicapped will be taught. Other planned workshop topics include: the visually handicapped child in the regular classroom, assessment and planning for the multiplyhandicapped, administration and supervision in residential schools, mathematics for the severely visually handicapped, living with blindness, building visual behavior in low vision students, and advanced technology for individuals with limited vision.

Questions on registration, fees, financial assistantships, etc., should be sent to Dr. Gideon Jones, Professor CRSE/Visual Disabilities, 115 Education Building, Florida State University, Tallahassee, FL 32306.

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George Peabody College's (Vanderbilt University) Anna Bradfield, an O&M specialist and second year doctoral student, will take her doctoral internship at San Francisco State University from June through August 1983. She will also teach O&M seminars and supervise O&M students.

Topics currently be researched are studies of totally blind and low vision pedestrians' spatial orientation; the identification of preservice O&M competencies (in cooperation with AFB); concept development for low vision children; and the assessment of visually impaired persons' spatial layout knowledge.

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Helen Dornbusch and Patricia Kelley are the two part-time instructors who are assisting Pete Wurzburger with teaching duties at **San Francisco State University.** New internship sites have been opened at Sonoma State Hospital and the Western Blind Rehabilitation Center, Veterans Administration Medical Center, Palo Alto.

Stephen F. Austin State University offers two undergraduate O&M program options. One option leads to a B.S. degree in Rehabilitation. Students in this program take the rehabilitation core along with required O&M courses. The other option leads to a B.S. degree in Education (either elementary or secondary education). Graduates are eligible for certification in teaching the visually handicapped.

Students in both programs take their internships at Criss Cole Rehabilitation Center in Austin, at private rehabilitation centers in Houston, Dallas or Fort Worth, at the Texas School for the Blind, and at independent school districts or Regional Service Centers.

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William Jacobson is on an educational leave of absence from the **University of Arkansas at Little Rock.** Mimi Marsh has replaced him and a full-time instructor will be recruited in August.

The Criss Cole Center in Austin, Texas is now being used as an internship site.

The university has received funding for obtaining Electronic Travel Aids and is in the process of selecting devices.

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The **University of Northern Colorado** (UNC) offers two graduate options in education of the visually handicapped: O&M and/or education of the severely-profoundly handicapped blind. All students must be certified teachers prior to entering the program.

The university's Regional Recruitment Network is a group of profesionals in the area of visually handicapped who help UNC to recruit qualified graduate students. It is hoped that this will benefit the university and students as recruitment travel monies become scarce.

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At the **University of Pittsburgh,** Dr. Kathryn Daugherty-Rosenberg and Dr. Michael Moran have completed an 18-month study on the low vision child, including an extensive assessment of psychomotor development. An article on this study was published in the December 1982 issue of *Journal of Visual Impairment and Blindness.*

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Dr. Steven LaGrow has joined the O&M staff of **Western Michigan University** (WMU). Also a new internship affiliation with the Perkins School for the Blind was recently inaugurated.

There are a number of research activities taking place at WMU. One project assesses the utility of a revised Kalamazoo bus schedule for mentally retarded adults. Other projects include a study of interprofessional perceptions held by blind rehabilitation professionals and an examination of stress factors associ-

ated with orientation and mobility training.

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At the **University of Wisconsin,** federal money is no longer available for mobility traineeships. A decision on future funding is pending. This potential funding would include long-term as well as short-term training for certified O&M specialists.

Research activities at the University of Wisconsin are continuing on orienteering for handicapped individuals, innovative mapping concepts for physically handicapped individuals, computerized mapping, and an experimental compass for visually impaired people.

LANDMARKS

After 42 years in the field of special education and rehabilitation, the last 21 of which were spent directing Boston College's Division of Special Education and Rehabilitation, Dr. John Eichorn has announced his retirement.

Dr. Eichorn developed 17 programs in special education and rehabilitation at Boston College including programs in education of the visually handicapped, peripatology, deaf-blindness, and rehabilitation teaching. The peripatology program is the oldest of all university O&M progams. In 1981, Dr. Eichorn received AAWB's Lawrence E. Blaha Memorial Award.

The university's faculty and the many peripatologists who were trained at the university, and the editors of LCN (which Dr. Eichorn was instrumental in founding) have all benefited greatly from Dr. Eichorn's leadership.

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Did you ever read your state's White Cane Law? When O&M specialists of the O&M Association of Oregon (OMAO) did, they were dismayed to find that the law states that if a blind pedestrian enters the roadway with a "raised white cane," a driver must yield the right of way.

The association is presently working with the Oregon Council of the Blind to change the language of the law. Proposed legislation with appropriate language is now in a subcommittee of the Oregon Legislature. An OMAO O&M specialist may be called to testify at legislative hearings in the near future.

For more information, write to Kris Kostol, Douglas Education Service District, 1871 NE Stephens St. Roseburg, OR 97470.

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Dr. Everett Hill of George Peabody College recently testified in Federal Court in the state of South Carolina on behalf of a seven year-old visually impaired child and her parents.

The school district of Greenville, South Carolina had moved the child from her neighborhood school, a few minutes from her home, to a "centralized" school — a 50-minute bus ride from her home.

Supporting the parents' position, Dr. Hill testified in court that the child should be served by an itinerant O&M specialist in her neighborhood school. Dr. Susan Spungin and Dr. Kay Ferrell of the American Foundation for the Blind also served as expert witnesses on behalf of the visually impaired child and her parents.

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Recently, the Illinois Vision Coalition (IVC) has been formed for members of various professional organizations in Illinois including Illinois Association of Workers for the Blind, Illinois Educators of the Visually Handicapped, Illinois Association of Orientation and Mobility Specialists, and the Illinois Division of Visually Handicapped.

The goals of the coalition include helping to plan Illinois state annual vision conferences, enhancing each organizations' efforts to provide services for visually impaired people, and disseminating pertinent information to the four groups. The coalition plans to keep abreast of legislative issues affecting rehabilitation in Illinois and to increase lobbying efforts when necessary to maintain and improve rehabilitation and education services throughout the state.

The president of the IVC is Sarah Stanton of the Low Incidence Cooperative Agreement, Kensington School, Arlington Heights, IL 60004.

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In order to solve the O&M problems of multiply impaired blind persons, it is important to have a flexible attitude toward instructional methods and prosthetic devices. Robert Transon of the Milwaukee Area Technical College modified the standard support walker to help a deaf-blind person with an ambulatory impairment get around independently in a nursing home.

To enable his client to trail a wall and identify interconnecting hallways, Bob attached a "curb feeler" (a flexible metal rod that attaches to a car near the wheel to detect curbs and protect tires) to the lower front side of the walker. Additionally, Bob designed a simple mount for easily attaching and detaching a Mowat Sensor. The material for the mount costs approximately $5.00 and it takes about 30 minutes for assembly.

Bob has written up a short paper describing how to make the modifications. For a copy, write Bob Transon, Department for the Visually Impaired, Milwaukee Area Technical College, 1015 N. 6th St. Milwaukee, WI 53203.

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Billie Louise Bentzen and Alec F. Peck, researchers

at Boston College, have begun to obtain results on "Validations of Techniques for Improving Communication with the Visually Impaired in Rail Rapid Transit" which is sponsored by the Urban Mass Transportation Administration, U.S. Department of Transportation. Results to date are as follows:

1. Tactile transit maps are desired by and can be effectively used for route planning by two-thirds of blind travelers. At least three different line symbols can be used on the same transit maps to represent different lines in a system. Line symbols which are single, narrow lines are traced more quickly and accurately than double lines ("finger furrows").

2. Raised print labels were overwhelmingly desired by participating blind travelers. Single tactile letters and numbers raised 5/8 inch high and 1/32 inch from a base surface were discriminated with 92.5 percent accuracy by blind subjects whose tactile sensitivity was unimpaired.

3. Transit fare cards or passes can be correctly oriented by blind persons if one corner is clipped off. Low vision persons are aided by printing a large black arrowhead on the cards. Tokens are readily distinguished from coins if they have some portion cut out. (The Washington METRO token, for example, has an "M" punched out of the center.) Coin and farecard slots are located and used by visually impaired travelers more quickly if they have a funnelled edge than if they are flush with the surface of the turnstile housing.

4. "Auditory Beacons," or sound sources located above the doors of rapid rail transit cars, can effectively guide blind travelers to the door instead of a space between trains. They are effective even though they are quiet enough to be non-noise polluting to the general public.

This project, which continues through August 1983, will also collect data on tactile warnings (platform edge markings), print signage, auditory announcements and telephone information systems. A detailed report has been accepted for publication in the *Journal of Visual Impairment & Blindness;* others will be available as technical reports through the National Technical Information Service.

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A University of Northern Colorado questionnaire assesses the attitude of O&M specialists toward O&M concept development for multiply handicapped and preschool visually impaired subjects, and has been distributed to a national crossection of O&M specialists. Copies are still available for O&M specialist who did not receive the questionnaire and who wish to respond. Contact Dave Kappan or Judy Anderson-Wright, Orientation and Mobility Program, Department of Special Education, McKee Hall 318, University of Northern Colorado, Greeley, CO 80639; (303) 351-2742.

Two O&M students, Tanni Anthony and Jay Gense, will be presenting a paper on early intervention O&M programming at the upcoming Second International Symposium on Visually Handicapped Infants and Young Children: Birth to Seven — "The First Steps" to be held in Aruba, Netherlands Antilles on May 22-27, 1983. The presentation will emphasize a developmental and habilitive approach to O&M instruction for students functioning at the birth to age seven levels. Results from a recent national survey of O&M specialists on current philosophies and structures of programs for this population will also be highlighted. For more information, contact Tanni L. Anthony/D. Jay Gense, Special Education Department, McKee Hall, University of Northern Colorado, Greeley, Colorado 80639.

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Out of 136,000 mentally retarded persons in U.S. public institutions, 12.4 percent (approximately 17,000) are blind or visually impaired, according to a recent survey conducted by the American Foundation for the Blind.

To better serve this population, AFB is developing a series of inservice training slide-tape programs for direct care staff called "The Difference is You." The first three programs have been developed and are being field tested. Their content deals with mobility (primarily sighted guide), daily exercise progamming, and evening and leisure time activities for severely and profoundly retarded blind persons.

For more information, contact Dr. Saul Freedman, director, National Consultants Department, American Foundation for the Blind, 15 W. 16th St., New York, NY 10011; (212) 620-2067.

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American Foundation for the Blind is preparing the 22nd edition of its *Directory of Agencies Serving the Visually Handicapped in the U.S.* Debra R. Budick, O.D., the foundation's national consultant for low vision services, is seeking information on recently established low vision services for the update. Send information to her at American Foundation for the Blind, 15 W. 16th St., New York, NY 10011.

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The Elwyn Low Vision Instructor Preparation Program is designed for professionals who serve a visually impaired population. Included in the two-week program are such topics as functional implications of eye diseases and conditions, functional vision evaluation and stimulation for individuals functioning at lower levels of development, the low vision examination, basic techniques for training with low vision aids, low vision and the geriatric client, and low vision clinics—a multidisciplinary approach.

A hands-on approach takes advantage of Elwyn In-

stitutes' Low Vision Service facilities and its comprehensive education and rehabilitation programs. For further information, write to Karen Shane Cote, Vision Consultant, Ancillary Vision Services, Elwyn Institutes, 111 Elwyn Road, Elwyn, Pennsylvania 19063.

CONFERENCE REPORTS

The 1983 Southeast Orientation and Mobility Association (SOMA) Conference was hosted by the Lousiana School for the Visually Impaired (LSVI) in Baton Rouge, Feb. 16–18, 1983. Anne Breaux, the conference chairperson, and her assistants, Justin Brown, Sylvia Legert, and Warren Figuiredo, put together a full agenda.

The 1983 SOMA Conference was truly a special O&M event. Perhaps it was the spirit of the just-ended Mardi Gras, or maybe it was a certain southern warmth which made everyone feel not only welcome, but also part of a close family.

Some of the speakers displayed the "down-home" style to good effect. For instance, DD Breaux Pollack brought along her 11-months old daughter, Jewel, to help with her presentation on motor development of the preschool child. Pollack is a women's gymnastic coach from Louisiana State University. Jewel, demonstrated assisted sit-ups and stretching exercises.

Billy Arcement, manager of technical services at Melamine Chemicals, discussed better job-coping skills. An eloquent speaker with a charming Southern style, he made the following seven points: do more of what you do best; persist until you succeed; focus on the positive; believe in yourself; don't let personal habits such as procrastination get in your way; take risks and set goals.

As a university update, a panel of educators from Stephen F. Austin State University (Bob Bryant and Bill Bryan), Peabody College (Dr. Everett Hill), University of Northern Colorado (Dave Kaplan), and Florida State University (Purvis Ponder) identified university trends. Multiple competencies were seen to be here to stay. The group stated that next year, a new three-year funding cycle should begin that will be a watershed for university programs. The discussion also brought out a few instances of good-natured rivalry. Everett Hill managed to get in the comment that the Stephen F. State Austin University students are experts at "scotchliting armadillos!"

A number of presentations were in the area of O&M for the multiply handicapped. Susan Shiflet, a physical therapist at the Baton Rouge Physical Therapy Center and Institute for Sports Therapy outlined the basic components of mobility from the therapists's perspective: head control; trunk mobility; midline vertical orientation; and protective extension (throwing hands out when falling). She states that a principal of treatment is that is is possible to relearn normal posture, but that reinforcment by parents and teachers is necessary to succeed. The audience learned that tactile defensiveness decreases with stimulation. Susan uses firm pressure when touching tactile defensive patients and finds that activities in a swimming pools are especially effective.

Terry Deniston, an O&M specialist with the Missouri School for the Blind, outlined a multi-disciplinary team approach to assessment, goal setting, and training of O&M skills for the deaf-blind. In structuring an O&M program, Terry stresses the individual's preferred method of travel; total movement rather than isolated skills; daily activities as a starting point for training activities; reinforcment by other staff; and parent-teacher cooperation.

Mark Uslan discussed his work with multiplyhandicapped adults, using an auditory cuing system called the Auditory Interior Director (See LCN 1(2) for a description of the system).

Dr. Vivian Correa of Texas Tech University demonstrated how she used prompting to teach three severely handicapped blind babies to reach and grasp. She also showed a pressure-sensitive touch plate that switches on tape music. This type of a tool could be used in reach and grasp activities, reinforcing a child's curiosity. Correa also referred the audience to a publication that graphically illustrates how to go about teaching the severely handicapped child—Sophie Levitt's *Treatment of Cerebral Palsy and Motor Delay* (Boston: Blackwell Scientific Publications, 1982).

Dr. Kay Ferrell, American Foundation for the Blind's national consultant in early childhood, stated that what we teach is affected by our experiences. We have for too long expected visually impaired children to achieve motor milestones at an age later than sighted children and therefore do not give them the opportunity to experience and learn motor skills in the normal sequence. This causes children not to develop prerequisite skills for avoiding gait, movement, and postural problems that O&M people see in older children.

Regarding balance and hip rotation necessary for normal walking, Ferrell stated that the child who does not learn to crawl is often the one who exhibits the balance and hip rotation problem. She suggested that O&M people use a ladder placed on the floor as a guide in crawling exercises for older children. Other prerequisite skills she discussed and gave practical suggestions about were normal reflexes, muscle tone, and protective reactions. Finally, Ferrell encouraged O&M specialists, because of their unique perspective on O&M problems that have their roots in infancy, to get involved with infants and young children.

William Jacobson of University of Arkansas posed the question, "Why do we do what we do in regard to

cane skills?" He stated that conventional cane techniques should be validated through research. In particular, he questioned if we can do away with having clients lift the cane up, because the natural rise and fall of the body in walking makes it unnecessary.

Regarding private contracting, Bill Bryan of Stephen F. Austin State University, made some succint points about starting your own business: if you don't work, you don't get paid; you must work extra hours to cover slack periods; travel time is not included; car insurance must be reviewed; and professional liability insurance must be obtained.

Dr. Everett Hill of George Peabody College, Vanderbilt University, stressed the need for systematic evaluation procedures in O&M. He introduced the notion of "standard lesson plans" to evaluate large clusters of O&M skills. He called upon Dave Kaplan of University of Northern Colorado to elaborate on the concept of standard lesson plans. In the remainder of his talk, Dr. Hill discussed the discrepancy evaluation model (DEM) and how O&M practitioners might use it in their programs. The DEM enables one to describe a program systematically, do evaluation planning, and collect systematic performance information about the program to facilitate improvement.

Jeff Lockman, also of Vanderbilt University, summarized several developmental research studies in spatial orientation with sighted children and discussed the application of the studies for blind children. He also described some of his experiments on spatial orientation with blind persons and how O&M specialists might utilize the findings.

For fun, SOMA attendees previewed a film produced by the SOMA organizers. But by far the major social event of the Conference was the Jambalaya party. It was here that Purvis Ponder of Florida State University acquiesced to popular demand for Tallahassee as the site for next year's SOMA. The 1984 SOMA in Tallahassee should be a great one.

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The O&M Division of AAWB/AEVH held a workshop at Boston College on December 3, 1982 sponsored by the Northeast Alliance of AAWB/AEVH. Forty people attended.

Dr. Joan Jones, field program director of the School of Education at Boston College, spoke about self-evaluation and evaluation of student teachers. She described observation techniques, questioning patterns, and components of successful teaching, and also distributed forms used in evaluating student teachers.

Marsha Sexton, director of consultation and training at the Boston Self-Help Center discussed methods of helping clients become more assertive. She described the skills a person should develop, the feelings one has in asserting oneself, and techniques to increase assertiveness. In the question and answer period, she addressed problems that clients face during and as a result of O&M instruction.

Bob McGillivray, low vision consultant to Massachusetts Commission for the Blind and the Carroll Center for the Blind, described the characteristics of sunglasses (light transmission, tint and design), sources for obtaining sunwear, and techniques for evaluating their use by visually impaired people.

Linda Norris, program development specialist for Massachusetts Commission for the Blind and adjunct professor at Boston College, discussed relationship-building between the student and the O&M instructor. She described instructors' needs, which may be met by teaching, communication and motivation skills, and student/instructor conflict.

UPCOMING CONFERENCES

The annual American Association of Workers for the Blind Conference will be held July 10-14, 1983, at the Phoenix Hilton, Phoenix, Arizona. The conference theme is "Foresight is Insight."

The O&M Division program committtee, chaired by Steve Sanford, chairperson-elect, has prepared an agenda which includes: "Mobility Instruction and Introduction of the Cane with Pre-School Age Children" with Kay Ferrell, American Foundation for the Blind, New York; "Mission Possible," with Peggy Madera and Judy Holmes, South Metropolitan Association, Illinois; "Telescopic Lenses and Driver Training" presented by Pat Coffey Bucci, Westchester Lighthouse, New York; and "The National Orientation and Mobility Competency Study" from Dr. Everett Hill, George Peabody College, Vanderbilt University, Tennessee and Mark Uslan, American Foundation for the Blind, New York.

The Lawrence E. Blaha Memorial Award will be presented on Monday, July 11, 1983, at the business meeting. A reception honoring the recipient will be held that evening.

This will be the final AAWB Conference prior to the alliance with AEVH.

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This summer and fall will see several state and regional AEVH meetings rather than a national conference. Some of these meetings include the North Central Regional at Lincoln, Nebraska, July 8-10 (contact Donna McKinley, Vision Consultant, Nebraska State Department of Education, Lincoln) and the Southwest Regional at San Antonio in June (contact Rebecca Killian, Region 20 Educational Service Center, San Antonio). Additionally, the Tennessee State-

wide AAWB/AEVH Conference will be held at Tennessee School for the Blind in October.

It's not too early to consider ideas for the upcoming joint AAWB/AEVH Conference in Nashville to be held during the summer of 1984. Ideas for presentations and workshops are welcomed by Pete Wurzburger (AEVH) at San Francisco State University and Dr. Everett Hill (AAWB) at Peabody/Vanderbilt University.

.....

Turned off by the "trickle down theory?" Tired of hearing watered-down presentations? Then come to the Orientation and Mobility Non-Conference Sept. 30–Oct. 1 and be turned on by the "trickle up theory!"

If you haven't been to a non-conference before and would like more information, contact Stanley Suterko, Department of Blind Rehabilitation, Western Michigan University, Kalamazoo, MI 49007; (616) 383-8020.

.....

The third International Mobility Conference will be held at the Vienna International Center of the United Nations, November 1–4, 1983. This conference will offer a unique opportunity to share ideas with mobility specialists from all over the world.

A two-week trip is being organized for individuals who would like to attend the conference and yet keep the cost to a minimum. The tentative plan include conference attendance and visiting programs in Paris and Hamburg, with free time in between.

If you would like more information about this tax deductible, educational experience, please contact Bruce Blasch, Ph.D. 1500 Highland Ave., Madison, WI 53706.

Subscription Reminder

The cost of a subscription for one year (two issues) of the *Long Cane News* is $6.00, with a discount of $4.00 for AAWB and AEVH members. Please fill out the subscription form below and return it with your payment or an institutional purchase order.

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ATTENTION ORIENTATION AND MOBILITY SPECIALISTS

We need your help in identifying and validating Orientation and Mobility competencies. It is extremely important that you give us your input so that a set a national competencies can be developed that will reflect the state of the art in Orientation and Mobility.

Please join us in this most important endeavor. Fill out this form, and we'll be in touch.

Name _____

Address _____

Telephone Number _____

Thank you,
Mark M. Uslan
American Foundation for the Blind
Everett Hill, Ed.D.
George Peabody College

Send to Mark Uslan, AFB, 15 W. 16th St., New York, NY 10011.

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VOLUME 2 NUMBER 2 WINTER 1984

O&M Training, Provision, and Challenges Worldwide

Israel

Diversity is the best word to describe teaching mobility in Israel. This diversity is felt both in the mixture of cultural backgrounds, and the mixture of physical and environmental conditions.

Whereas the United States is often referred to as the "melting pot," Israel could perhaps be called the "pressure cooker." In Israel the mixing of peoples from widely different cultural backgrounds has occurred in a very short period of time. The mobility instructor who works in Israel has to cope with various attitudes toward blindness held by Jewish immigrants from vastly different countries such as Iraq, Germany, Yemen, Morocco, Russia or Argentina. There are also widely different cultural attitudes among the Arab population of Christians, Moslems or Druse. Finding a common language between client and instructor can also be a problem. Familiarity with different languages is, of course, very useful.

Since Israel is a small country, the physical diversity of the day-to-day teaching environment is often striking. The mobility instructor moves from the very old to the very new and from the rural to the city environment. The instructor may vary his teaching locale from a quiet village or the pastoral setting of kibbutz (communal farm), to the bustling city of Tel Aviv where cars are parked on both the streets and sidewalks. Within the cities themselves, there may be sections that have wide, orderly streets and sidewalks, or sections with narrow, winding streets and alleys, such as Jerusalem's Old City.

Yet with all this diversity, Israel is a country where you see many blind people outside on the streets. In general, the blind population has been encouraged to be mobile and the government has attempted to foster a positive attitude toward rehabilitation. One factor that helps is the relatively well-developed system of public transportation. Using buses or "sherut" taxis

To Our Readers:

Looking over the list of *LCN* subscribers last year, I was struck by the number of subscriptions from outside the U.S. The idea of soliciting contributions from our foreign subscribers slowly took form. Last spring, I sent out letters to each foreign subscriber asking them to describe O&M in their country.

The response was heartening. By October 1, 1983, I received over a dozen detailed letters. This issue will begin to tell the story of O&M around the world. The story will continue to unfold in succeeding issues of the *LCN* as more foreign subscribers contribute information.

Mark Uslan
Editor

Editor: *Mark M. Uslan,* National Consultant In Orientation and Mobility, American Foundation for the Blind

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Associate Editors: *Toni Heinze, Ed.D.*, Orientation and Mobility Division, AAWB/AEVH Alliance; *Gala Saber-Brooks,* Orientation and Mobility Division, AAWB/AEVH Alliance; *Ted Zubrycki,* Guiding Eyes for the Blind, Yorktown Heights, N.Y.; *Kent Tyler Wardell,* Association of University Educators in Orientation and Mobility and Rehabilitation Teaching for the Visually Impaired; *Everett Hill, Ed.D.*, Peabody College, Vanderbilt University, Nashville, Tenn.

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(inner-city taxis that run on specific routes and pick up groups), the blind traveler can get to virtually any place in the country, very inexpensively, within a reasonable amount of time.

For may years the Israeli Institute of Orientation and Mobility in Haifa provided dog guides and cane travel instruction. Since its closure in 1973, those who want and are qualified for dog guides are sent to the U.S. to receive training. Today, the 8,000 registered blind persons in Israel receive their mobility instruction either at one of the three rehabilitation centers (Haifa, Beersheva or Hadera) or through one of the itinerant teachers employed by the Home Teachers Division of the American-Israeli Lighthouse for the Blind in Haifa.

Over the years the Home Teachers Division has developed a unique system whereby almost all the instructors have a dual competency, working both as rehabilitation teachers and as mobility instructors. A number of teachers have also received additional specialization to work with pre-school children, particularly in the area of concept development. The 40 instructors employed by the Home Teacher Division (almost ail women) serve the entire population of Israel, both Jewish and Arab. During the past year, of the 581 people who received instruction from Home Teachers Division, 339 received instruction in mobility.

Most of the original mobility instructors were trained in Israel in a short course given in 1965 by Harold Richterman, at that time of the Industrial Home for the Blind. Since then, the responsibility for training instructors has passed to four O&M instructors who went through graduate O&M programs in the U.S. (two from San Francisco State and two from Boston College), and who have been living in Israel from four to 13 years. The largest group of instructors (30) received their training in 1977 in a nine-month course that was given through the University of Haifa. Each trainee specialized in either orientation and mobility, rehabilitation teaching, or preschool work. After the nine-month course, they all received additional in-service training over a two-year period.

We have been fortunate in experiencing a very small turnover of mobility instructors in Israel. I suspect that teaching O&M in Israel's "pressure cooker" makes the job both challenging and interesting.

S. ALAN SIEGEL, EDUCATIONAL COORDINATOR
HOME TEACHERS DIVISION
AMERICAN-ISRAELI LIGHTHOUSE
KIRIAT HAIM, HAIFA
ISRAEL

Japan

In 1970 the first training program for O&M specialists in Japan was held at Nippon Lighthouse, with the support of The American Foundation for the Overseas Blind (now Helen Keller International). Since then, the training program (originally involving a three-month training period, the program was extended to four months in 1978) has been held once a year under a grant from the Ministry of Health and Welfare. By 1982, 171 O&M specialists had completed the program.

In 1977, the Japan Association of Orientation and Mobility Instructors was formed. It has about 90 members and holds a general meeting once a year, where members exchange ideas and discuss common interests.

A central issue for blind persons in Japan is traffic safety. During the past 10 years, 22 blind people were killed in traffic accidents. Placing tactile guidestrips (braille tiles) on subway platforms in most cities has helped, but not all dangers have been eliminated, and O&M instructors in Japan continue to be concerned about safety.

T. MURAKAMI
TOKYO METROPOLITAN REHABILITATION CENTER FOR THE MENTALLY AND PHYSICALLY HANDICAPPED
43 TOYAMACHO SHINJUKUKU,
TOKYO, JAPAN

Bahrain

In 1978, the Middle East Committee for the Blind (MECB) hired two American O&M specialists to train O&M aides in Bahrain, Jordan, and Saudi Arabia. Then in 1982, Farouk Khalil completed graduate O&M training at Boston College, and MECB placed him at the Al Noor Institute for the Blind in Bahrain. Farouk is not new to the field of O&M, having been trained at the National Mobility Center, Birmingham, England in 1974, and having worked as an O&M specialist in Egypt and Saudi Arabia. In the coming year, the Al Noor Institute is planning to train additional O&M specialists. For further information write:

FAROUK KHALIL, O&M SPECIALIST
THE MIDDLE EAST COMMITTEE FOR THE BLIND
AL NOOR INSTITUTE
P.O. BOX 22136
MUHARRAQ, BAHRAIN

Manitoba

In Canada, the Canadian National Institute for the Blind (CNIB) has organized its offices around the 10 Canadian provinces and two territories. The province of Manitoba covers an area of approximately 251,000 square miles. At present in Manitoba we only have one O&M instructor for a client population of approximately 2,000 visually impaired persons, the majority of whom are over 65 years of age. Although we have edu-

cational consultants (itinerant teachers) that visit our blind children in schools, their O&M instructional input only covers up to pre-cane skills.

Most of the country's population is concentrated in the south. Rural travel does not take up a majority of work time, but there are some northern areas where it is necessary for a worker to fly into a community. In those cases we may be called in to teach daily living skills, provide leisure instruction, counseling, and conduct in-service training for families or nursing homes.

Rural mobility can often pose difficulties and challenges. For example, some northern communities are built around lakes where the terrain is largely rock. Paths are very uneven and often an artificial landmark or shoreline must be used to help a client get to a destination. One client used a fallen tree to guide him from his house to the outhouse. Clothesline wires are also used.

The winter climate in Manitoba is often very extreme. From November to late March, there is heavy snowfall and ice, and temperatures are commonly −25 to −30 degrees Centigrade (−13 to −22 degrees Fahrenheit). This curtails travel, especially when roads or sidewalks have not been cleared. For clients with diabetes the weather conditions make travel very risky. The extreme cold also affects travel with electronic travel aids. In addition to reducing battery life, the cold makes it impossible to hold a vibratory aid (Mowat Sensor) without heavy mittens. It is necessary to fit the aid through a drawstring hole in a mitten.

In Canada we are often professionally isolated from other instructors. We greatly appreciate courses and conferences that are held periodically, and we look forward to reading both the *Journal of Visual Impairment & Blindness* and the *Long Cane News.*

FREYA MARTINOT, O&M INSTRUCTOR
CNIB
MANITOBA DIVISION
1080 PORTAGE AVE.
WINNIPEG, MANITOBA R3G 3M3

India

Don Westway is a blindness services consultant with bases in both Bangalore, India and Melbourne, Australia. Don reports that in the middle 1970s, a team of six Australians held a workshop in India of one month's duration for 20 persons. Other visits and experimental programs followed. In the late 1970s, the National Association for the Blind of India agreed to develop a center specializing in orientation and mobility services. Financial and technical assistance was forthcoming from Australia.

In July 1982, the Mobility Training Centre in Bangalore, South India opened with two O&M instructors on staff. It was planned to have at least 10 O&M instructors on staff, and in order for them to speak the local language (Kannada), a four-month training course was held for eight trainees. Don feels that if this center remains operational, similar centers may be established in other parts of India and in Pakistan.

M. Madaiah is the senior mobility officer at the Mobility Training Centre in Bangalore. He reports that in Indian cities, walkways intended for pedestrians can hardly be used; they are crowded with street vendors, hawkers, beggers, parked vehicles, and carts drawn by oxen, horses or humans. Since it is necessary to walk in the street, there have been several instances of pedestrians being hit by a truck or bus.

He further reports that only very few cities in India have good traffic controlled intersections, manned during busy hours with police constables (i.e., Bangalore, Delhi, Bombay). Most intersections are jammed with vehicles stopped on the pedestrian crossing, leaving a dangerously narrow gap between running and waiting traffic. Only blind people who are very good at using traffic sounds and who can walk between the running and waiting vehicles dare cross such roads by themselves. Others are advised to seek assistance.

For further information on O&M in India, write Don Westway or M. Madaiah at:

MOBILITY TRAINING CENTRE
3/4 ARTILLERY ROAD
AL NOOR 560 008
BANGALORE, INDIA

West Germany

Bernard Suermann, judge of the State Court in Bielefeld, West Germany, reports that formal O&M instruction began in 1974, after Beatrice and Jochen Fischer received training from the National Mobility Centre in Great Britain.

The Fischers introduced O&M instruction at the high school for the blind in Marburg, and in 1975 they began to train O&M instructors. Today the nine-month O&M course in Marburg trains instructors to be dually competent in O&M and rehabilitation teaching (RT). In 1979, the Institute of Rehabilitation and Integration of the Sight-Impaired (IRIS) was founded in Hamburg. Dennis and Pamela Cory, Americans trained at Western Michigan University (Dennis in O&M and Pamela in RT), are part of the IRIS instructional staff. IRIS also offers a nine-month course in O&M and RT, with the option of dual training.

Suermann further reports that approximately 80 O&M instructors serve a blind population of approximately 80,000 persons. The situation at residential schools for the blind is particularly difficult, because instructors frequently have other responsibilities such as work in the dorms or teaching academic subjects.

Dr. Everett Hill of George Peabody College in Nashville, Tenn., recently presented a series of concept development lectures at IRIS. Everett reports that it was interesting to observe unique environmental conditions in West Germany: i.e., irregular traffic patterns and intersections and various forms of transportation. Streetcars, subways, trams, trains, and buses all require special entering and exiting procedures. He reports that O&M instructors in West Germany must work on a daily basis with these irregularities, which seem to be the norm rather than the exception.

Sweden

O&M in Sweden got started in 1952, when Anta Ryman, after seven months of training at the Hines Veterans Administration Hospital, Hines, Illinois, returned to Sweden to instruct. Today, writes Barbro Mellberg, almost all O&M specialists in Sweden receive their training from the Teacher Training College (Lararhogakolan) in Stockholm. Graduates work in either one of six rehabilitation centers, one of two schools for the blind (as center-based instructors, or itinerant instructors), "folk schools" (adult learning centers), or low vision centers.

In Vaxjo, where Barbro works, there are seven O&M specialists who also teach typing, low vision, activities of daily living, and recreation. Since rehabilitation centers are sponsored by the Swedish Labor Board, the centers' O&M specialists also assist with job placement.

O&M specialists in Sweden have an organization and get together informally every year.

For more information about O&M in Sweden write:

BARBRO MELLBERG
AMI-S/SYN
S. ESLP. 4
S-352 34 VAXJO
SWEDEN

LETTERS

Program Trains Inner-City Instructors

Elderly blind people living in large cities such as New York often face difficult circumstances. Children move away. Spouses die. Neighborhoods decline. Health-related problems increase. Despite these problems, elderly blind people are often eager to remain independent. Each has his or her reasons: visiting friends, going to church, getting to the doctor, shopping for food, taking a walk, maintaining a job.

As O&M specialists we know their reasons. We also know their problems in receiving O&M services. Most of us understandably prefer to teach in good neighborhoods. Sometimes the O&M instructor is provided with an escort when teaching in a deteriorating neighborhood. What adverse message might that give the client?

Many O&M instructors are not at all reluctant to teach in less desirable neighborhoods, but they constitute a small pool, and it is unrealistic to expect all instructors to jump at the chance of working in a potentially threatening neighborhood.

The O&M Program at Dominican College addresses the concerns of the elderly blind who live in the inner city. Most of our recruitment efforts are directed toward New York City residents. The way we see it, the person most likely to work in the inner city is the person who is a native. We would appreciate your publicizing the Dominican College O&M Program to potential O&M specialists. If you help us find the students from the inner city, we can provide the special training for serving the elderly. In the long run, it will be the clients served who are most appreciative.

CYNTHIA SHAW, DIRECTOR
O&M PROGRAM
DOMINICAN COLLEGE
10 WESTERN HIGHWAY
ORANGEBURG, NEW YORK 10962
(914) 359-3577

Peripatology Funding Threatened

During the spring of this year, American Foundation for the Blind was alerted to a very critical sequence of events. The Federal Register of March 21, 1983 indicated a reduction in U.S. Department of Education, Rehabilitation Services Administration (RSA) grant monies available for the renewal of programs in O&M and rehabilitation teaching. Such low-level funding could ultimately close down programs such as the 22-year-old Peripatology Program at Boston College.

William F. Gallagher, AFB's executive director, was quick to react, and on April 15th an alert was sent to the field delineating the issue and the political impact. As a result, professionals from across the country displayed one of the most effective letter-writing campaigns in recent history. It was made clear to RSA and elected officials across the country that this action was unacceptable, especially during times when there is an increased need for professionals in O&M and related fields.

Although funds were not restored, the U.S. Department of Education was directed by the House Appropriations Committee to give priority to funding the Peripatology Program at Boston College to at least a level that will enable the program to survive. The overall effort was well orchestrated, and concretely displays the impact the blindness field can have on

federal policy and program appropriations.

MICHAEL E. PETELL
COMMUNITY CONSULTANT
REGION I
AMERICAN FOUNDATION FOR THE BLIND

LANDMARKS

Stanley Suterko, known to many as "Mr. Mobility," retired from teaching at Western Michigan University, Kalamazoo, on January 2, 1984.

In 1948, Russell C. Williams and others were recruiting corrective therapists to teach O&M in the newly formed Blind Rehabilitation Center at Hines, Ill. and Suterko was hired as one of the six original O&M specialists. Eventually, he became a "prophet" of O&M, carrying the Hines methods to the outside world. He was instrumental in introducing organized O&M in England, Australia, and Poland. He was also involved in the First European Workshop on O&M in Paris in 1969.

Since 1961, Suterko has served on the faculty of the Department of Blind Rehabilitation and Mobility at Western Michigan University, eventually becoming senior faculty member in the O&M program. He instilled in his students his knowledge, integrity, high standards, and concern for the education and welfare of blind persons.

Suterko has also been actively involved in professional organizations and has served on countless professional committees. He has always stressed professional standards and certification procedures for the field. He has freely shared his time and knowledge with others and has gained the respect and awe of all.

Stan's contributions to the field have been recognized by his peers and professionals. He has received the Lawrence E. Blaha Memorial Award from the O&M Division of AAWB, the Alfred Allen Award from AAWB, and the Buddy II Award from The Seeing Eye.

.....

Following 36 years of dedicated service as an O&M specialist at the Central Blind Rehabilitation Center, Veterans Administration Hospital, Hines, Ill., A. James Enzinna has retired, effective January 27, 1984.

Enzinna began his career in rehabilitation as a corrective therapist at Hines in 1949. In 1951, he was recruited by Russell C. Williams to become an O&M instructor at the Hines Blind Center.

Jim's specialty at Hines became teaching mobility to amputees. Through trial and error and many creative efforts, he was able to develop modifications and techniques for blind amputees. He has published an article on these modifications and techniques in the *Journal of Visual Impairment and Blindness*. He authored a chapter on the visually impaired amputee and the visually impaired diabetic client in *Foundations of Orientation and Mobility*. Jim has taught workshops for O&M specialists in Canada and France.

Since 1972, Jim has been a supervisor at Hines. As such, he has worked closely with Western Michigan University graduate students, sharing with them his knowledge, his professionalism, and his sincerity and caring for the welfare of blind persons. Jim's admirers, clients and friends will miss his experience and compassion at the Blind Rehabilitation Center.

.....

On August 12, 1983, The Seeing Eye held a special luncheon to honor Daniel Boeke, at the time of his retirement. At the conclusion of the luncheon, Mr. Boeke was presented with The Buddy Award, which is The Seeing Eye's highest honor.

Daniel Boeke joined the staff of The Seeing Eye as an apprentice instructor in June 1954. In September 1971, Boeke was promoted to supervisor of instruction, where he undertook major trouble-shooting assignments for The Seeing Eye throughout the U.S. and Canada. He displayed his talents for reaching into the core of dog/master problems and uncovering solutions to knotty work and behavior problems. His work with graduates of The Seeing Eye in their home communities restored self-confidence and solid working control to scores of persons in need of advice. Boeke was also responsible for developing Seeing Eye apprentice instructors. As a consequence, his influence on the Department of Instruction and Training will last beyond his service to the organization.

.....

Recently, Guiding Eyes for the Blind, Inc., Yorktown Heights, N.Y., named Martin S. Yablonski executive director.

Yablonski received his O&M training from Boston College. In 1979 he joined the staff of Guiding Eyes as a mobility specialist and director of admissions. Martin was instrumental in setting up several new programs at the school and in April 1982 he became assistant executive director.

.....

Hawaii has very strict animal quarantine regulations that include a four-month quarantine period for all dogs entering the state. This quarantine includes dog guides. Therefore, blind people from the mainland must either quarantine their dog guides or leave them at home.

The American Council of the Blind (ACB), Guide Dog Users Inc. (a national special-interest affiliate of ACB), and the Aloha Council of the Blind (the Hawaiian affiliate of ACB) have worked diligently to find some compromise that would allow dog guides to travel freely between Hawaii and the mainland without being subjected to the quarantine.

The Aloha Council gained the support of Charles

Taguchi, a Hawaiian State Senator. He introduced a resolution, written by ACB, calling upon the State Department of Agriculture to review and appropriately revise its quarantine regulations. Written testimony for a committee hearing held on March 30, 1983, showed that there has never been a case of rabies found in 313,000 dog guides trained, and in all the years of the quarantine program, not a single rabid dog has been intercepted. The primary arguments against the resolution showed resistance to changing a system that had worked for so long. Also, the fear was expressed that exempting dog guides would lead to the relaxation of the rules for other animals.

The resolution will be held in committee for consideration during the 1984 legislative session. For more information write to ACB, 1211 Connecticut Ave. N.W., Suite 506, Washington, D.C. 20036.

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The new American Foundation for the Blind Superfold Cane is now available through the 1983-84 AFB Consumer Products Catalog.

Field testing of an early prototype of the cane took place at Jewish Guild for the Blind (JGB), New York City. Mark Uslan, AFB National Consultant in O&M, coordinated the field evaluation. Genevieve Kelly, supervisor of the JGB O&M Department, and her staff, Corrine Kurie, Richard Patak, Mark Shanker, and Roslyn Waxenbaum, documented how O&M clients reacted to the cane and how the cane held up during a month-long evaluation.

Recommendations were delivered to Doug Maure, director of AFB's Technological Development Department, and Neale Vos, manager of the AFB Model Shop. Improvements were incorporated into the canes and then a second evaluation was conducted by the O&M Department of George Peabody College, Vanderbilt University, Nashville, Tennessee.

The new cane is very strong because of the use of high-strength aluminum alloy. Snugly fitting joints create a non-wobbling cane because of a unique "O-ring" design and stainless steel reinforcement. Smooth and tough Delrin plastic-coated joint connectors permit easy folding and refolding in all weather conditions. It comes in lengths of 38", 41",44", 47", 50", and 53", and costs $15.00.

For a copy of the catalog, write AFB at 15 W. 16th St., New York, N.Y. 10011.

.....

By hiring additional instructors, filling vacant positions, and increasing instructional hours for recipients of O&M services, blindness agencies providing O&M services can better meet needs of visually impaired persons, according to Gerald Kitzhoffer, staff associate at the National Accreditation Council (NAC) for Agencies Serving the Blind and Visually Impaired.

Kitzhoffer, an O&M specialist by training, recently summarized NAC on-site review team observations of O&M services during 1982-1983.

.....

Shari Katz, an O&M specialist, recently joined the low vision staff at Pacific University College of Optometry. With clinic sites at the Forest Grove campus in downtown Portland, Ore., and at the Washington State School for the Blind, Pacific provides interdisciplinary low vision services to infants, children, and adults. Anyone interested in obtaining further information can contact: John Boyer, O.D., Portland Optometric Clinic, 1976 S.W. 6th, Portland, Ore.; (503) 224-2323.

.....

Federal funding for O&M teacher training programs has recently been provided for two universities.

The U.S. Department of Education's Special Education Programs (formerly the Office of Special Education) recently provided the Department of Elementary and Special Education at Michigan State University, East Lansing, with funding for an O&M faculty member. The grant is the fulfillment of a long-held dream for Lou Alonzo of the unit. Her program will provide dual competencies in O&M and teaching the visually impaired, with a strong emphasis on serving rural populations.

A grant was also awarded the State University of New York's (SUNY) College at Geneseo. Like Michigan State University, Geneseo's program provides an O&M/teaching dual competency, again with a rural emphasis. Dr. Kathleen Mary Huebner, formerly of Geneseo and currently American Foundation for the Blind's National Consultant in Education, authored the grant proposal. The program will be administered by the Special Education Department at SUNY Geneseo, under the direction of Dr. Ida Jean Holman.

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Although mainstreamed into public school classes, visually impaired students are frequently treated as outsiders by the other students. Lucy Anctil, an O&M specialist, says she successfully raised the self-esteem of a visually impaired student and has helped change the attitudes of classroom peers by integrating sighted students into O&M lessons. She has written a paper describing the process for lay teachers and parents. For a copy of the paper, and to share similar ideas and experiences, write Lucy Anctil, O&M specialist, Alaska Resources, 3401 E. 42nd Ave., Anchorage, Alaska 99504.

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A common frustration for children using a monocular telescope for classroom blackboard work is continually focusing and refocusing the aid. Jimmy Jones of the Arkansas School for the Blind, Little Rock, has a practical solution. Once the focus is established from

the student's seat, he marks the aid so that focusing is just a matter of lining up two marks. Jimmy uses a colored glue-on substance called "Hi Marks," produced by Mark-Tex Corp. Tape can also be used.

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Medicare coverage of O&M and Rehabilitation Teaching (RT) services could have tremendous impact on O&M. It would greatly increase available funds for hiring O&M specialists, thereby extending O&M services to more visually impaired persons.

Congressional legislation has been introduced to include Occupational Therapy (OT) and Physical Therapy (PT) under medicare coverage. Here is an opportunity for O&M specialists to point out to legislators that coverage of O&M and RT for the visually impaired is as important as OT and PT, according to Glenn Plunkett, a governmental relations specialist for American Foundation for the Blind.

For more information on what to do to alert legislators about the importance of including O&M and Rehabilitation Teaching in medicare coverage, write Glenn Plunkett, Governmental Relations Specialist, American Foundation for the Blind, 1660 L St. N.W., Washington, D.C. 20036.

CONFERENCE REPORTS

The 1983 American Association of Workers for the Blind (AAWB) annual conference was held in Phoenix, Arizona, July 10-14, 1983. Steve Sanford, program chairperson of the O&M Division, planned the O&M topics.

Dr. Kay Ferrell, American Foundation for the Blind (AFB) national consultant in early childhood, headed a panel that addressed the topic of "Mobility Instruction and Introduction of the Cane with Pre-School Children." The other members were Mark Uslan from AFB, Jeanna Wilson from Dallas [Texas] Services for Visually Impaired Children, and Judy Anderson Wright from the University of Northern Colorado, Greeley. The program was developed in response to the growing realization that O&M specialists are finding more and more pre-school children on their caseloads. Discussion centered around when the cane should be given to young children.

The general consensus was that there are many developmental and conceptual factors that must first be considered (i.e., auditory training, fine motor skills, and spatial and body concepts). Introducing a cane before these skills are attained can be counter-productive. Many toys are better suited than a cane for pre-school movement activities. Useful toys were identified (the "corn popper" push toy, child size baby carriages, etc.).

Dr. Everett Hill from Peabody College, Vanderbilt University, Nashville, and Mark Uslan updated the O&M Division on the National O&M Competency Study. The objective of the study is to review the knowledge and skills that should be mastered by university O&M students before they begin teaching O&M. Responses are now being analyzed. Dr. Hill and Uslan announced that AFB will be sponsoring a conference of university educators in O&M to discuss the results of the study.

"Telescopic Lenses and Driver Training" was the topic of a workshop presented by Dr. Debra Budick, AFB national consultant in low vision, and Pat Coffey from Westchester Lighthouse, White Plains, N.Y. A bioptic telescope is a telescopic device mounted on an eyeglass lens. By tilting the head, it is possible to look through the telescope and spot traffic lights, signs, etc. Dr. Budick discussed the principles of bioptic telescopes, and Pat discussed training drivers to use the device. Fourteen states license drivers who use bioptic telescopes.

Duane Geruschat, O&M specialist at the Feinbloom Clinic, Philadelphia, discussed a National Institute of Handicapped Research-funded project on the effect of illumination and stress during mobility. Low vision subjects from Feinbloom will be evaluated with sun lenses and then taken on a 10-block mobility route in residential and small-business areas. Heart rate and mobility performance will be measured.

Peggy Madera and Judy Holmes of the South Metropolitan Association, Chicago, presented on "Mission Possible," their teaching technique that combines fun and learning in mobility (see *LCN,* Vol. 1, Number 2, 1983).

Two business meetings of the O&M Division were held. Formal announcement was made of the death of John D. Malamazian. A resolution was placed before the AAWB membership to honor and pay tribute to his lifetime of service to O&M and blind persons. The O&M Division has contributed to a memorial scholarship fund established in his name at Western Michigan University. Any person wishing to donate to the John D. Malamazian Scholarship Fund may do so by sending a check in John's name to Western Michigan University Foundation, B-3 Hillside, Kalamazoo, Michigan 49008.

Elections were held for division officers, and the results were as follows: chairperson, Steve Sanford (Florida); chair-elect, Pat Coffey (New York); secretary-treasurer, Lu Tobias (Illinois); member-at-large, Duane Geruschat (Pennsylvania); member-at-large, Dee Quillman (California).

Robert Mills, certification committee chairperson, submitted his committee's report. During the past two years, Mills has spent a great deal of time and effort organizing the files into a five-part document. Inquiries concerning certification should be directed to the pres-

ent Certification Committee Chairperson: Kent Tyler Wardell, 1112 Shorb Ave. Apt. B, Alhambra, Calif. 91803.

During the business meeting, a motion was made by division membership that the feasibility of a second award, similar to the Blaha Award, be investigated. It was felt that this award should be designated for a "youngster" in the field for outstanding achievement. The hope is that an award of this type would stimulate younger members in the field to develop innovative and creative ideas. If you have any comments or suggestions, please send them to the Blaha Award committee chairperson, Gala Saber-Brooks, 201 Andy Drive, Melrose Park, Il. 60160.

Gala Saber-Brooks, past chairperson of the O&M Division, was presented with a commendation in recognition of her outstanding leadership, dedication, and diligence in the execution of the responsibilities of her office, and the contributions and commitment made to the division.

The O&M Division of AAWB is eagerly anticipating the Alliance of AAWB and AEVH memberships, and looks forward to the communicating and collaborating between O&M specialists of the two groups. Leaders of both organizations plan to work diligently for a bigger and better 1984 conference in Nashville, Tennessee on June 24-28, 1984.

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Biannually, the O&M Division of AAWB pays tribute to an individual who has made outstanding contributions to the field of O&M. The Lawrence E. Blaha Memorial Award and Guardianship of Sir Francis Campbell's Cane exemplifies the highest standards of excellence and dedication in the field of blind rehabilitation.

The 1983 Blaha Award recipient is Leicester (Lee) Farmer of the Central Blind Rehabilitation Center, Veterans Administration Hospital, Hines, Illinois. Lee has Bachelors and Masters degrees in Physical Education from the University of Iowa.

In 1948, Lee began as a corrective therapist at Hines. Then in 1951, he transferred to the blind unit as an O&M instructor. Currently, Lee heads the O&M Research Department at Hines. For many years, Lee has been a primary force in the development and recognition of electronic travel aids (ETAs) and was involved in the initial field testing of these devices.

Over the years, national and international figures have visited the center at Hines to meet and exchange information and ideas with Lee. He has visited with internationally prominent scientists and professionals from New Zealand, Australia, The Netherlands, Turkey, Great Britain, and the Scandinavian countries. The Japanese Government has consulted Lee about the kind of ETAs that would be most appropriate for blind persons in Japan. Lee has been asked by authorities in welfare agencies for blind people to come and develop O&M and ETA programs in India, Japan, Belgium, New Zealand, Australia, Kuala Lumpur, Malaya, and Scandinavia.

Lee was instrumental in developing organized programs in O&M in Great Britain. He played an important part in a BBC television documentary, "The Blind Set," which was about the official blind registration form from which blindness is certified in Great Britain. The production of this documentary revolutionized the behavior of the authorities and the structure of blind welfare in the United Kingdom.

He has authored and co-authored numerous articles and papers over the years. He authored a chapter in the textbook *Foundations of Orientation and Mobility.*

Without a doubt, Leicester Farmer is a most deserving recipient of the Lawrence E. Blaha Memorial Award.

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The 1983 Midwest Orientation and Mobility Non-Conference took place September 30th and October 1st in Kalamazoo, Mich. The conference organizers were Stan Suterko of Western Michigan University (WMU), and Chuck Luken of Kalamazoo Valley Intermediate School District. The theme of this year's Non-Conference was "Trickle Up—A New Approach." The agenda was a full one, with 15 presentations scheduled. Highlights of some of the presentations follow.

For those who had attended WMU, it was like going home, because Friday evening's events took place in Sangren Hall. The conference began with a very humorous and unusual welcome by Dick Drouillard, O&M specialist with the Oakland County School District, Detroit. Dick used limericks and jokes to amuse the conference participants. His speech also had a very serious side, reminding the audience of the difficult times facing the field.

Dr. Everett Hill of Peabody College, Vanderbilt University, Nashville, updated the participants on the AFB O&M Competency Study (see AAWB conference report), and research on spatial orientation of low vision persons at Vanderbilt. Bob Esposito, AFB community consultant for Region III, gave an update on legislation to expand Medicare coverage (see Landmark, p. 7).

Betty Rittersdorf, O&M specialist and director of the Low Vision Clinic at the Grand Rapids Association for the Blind, Grand Rapids, Mich., provocatively discussed the quality of O&M services provided to visually impaired persons. Betty is particularly frustrated by unqualified individuals teaching O&M, and the lack of administrative support and concern for quality O&M services. Betty raised many thought-provoking questions: are we indeed compromising our O&M standards and code of ethics? Who is teaching O&M these days? Who should be teaching O&M? Betty implored us to renew our commitment to the provision of quality O&M services by qualified O&M specialists.

Those who attended the 1982 non-conference will

remember the "Mission Possible" presentation by Judy Holmes and Peggy Madera of the South Metropolitan School Association, Chicago, Illinois (See LCN vol. 1, no. 2, 1983). Judy and Peggy showed the videotape of their "Mission Possible" lesson. The famous "spies," Tony and Jemal, used clues, monoculars, telephones, etc. to find a mysterious missing robot. Those in attendance were glad to see the mission accomplished.

Jim Carrick and Linda Stoetzer, itinerant O&M specialists in Michigan, gave a slide presentation titled "The Intricacies of the Itineracies of the Southeast Block of Michigan." Their humorous selection of slides (with music and narration) depicted a typical (frustrating) day in the life of an itinerant O&M instructor.

Tradition continued with the Friday Night presentation of the Hines Players. This truly talented theatrical group from the Veterans Administration Central Blind Rehabilitation Center, Hines, Illinois, gave a history lesson in O&M. The lesson was told through the story of a young man born to be an O&M specialist—Perry P. Tologist.

Saturday's program took place at the Michigan Rehabilitation Center, Kalamazoo. Dave Greenwald, O&M specialist at the center, led a panel discussion on "Mobility Instructors and Dog Guides." The panel consisted of David Loux (Seeing Eye); Ted Zubrycki (Guiding Eyes); Harold Smith (Leader Dog); and Dr. Paul Ponchillia, dog guide user. The main focus was on how to assist O&M instructors when working with dog guide users, as well as to better detect any potential problems with the dog guide unit. Two handouts, containing checklists and observation questions, were distributed to aid the O&M instructor in assessing any problems. These checklists can be used to share information with the dog guide school representative, so that the representative has a clearer idea of problems. Enhancing communication between the dog guide user, the O&M instructor, and the dog guide school was stressed.

Bob Hall of the Michigan Commission for the Blind discussed providing services through a mobile van. The commission's van is stocked with equipment and materials used by a rehabilitation teacher and an O&M specialist. The van serves as an "extended arm" of the Michigan Rehabilitation Center, reaching many areas of Michigan that have not been served before.

Marshall Flax, of Madison, Wisconsin, spoke of his work as a private O&M provider. Using a slide presentation, he presented information about how he got started and who uses his services.

Dr. Bob LaDuke and Dr. Steve LaGrow, O&M faculty at Western Michigan University, shared two of the research projects that they are presently involved with. One project examines the presence of stress during mobility and how it affects one's ability to travel. The other project is a study of bus travel for retarded persons. In this study, they are attempting to see if pictures of landmarks along a route help to keep the client oriented and confident.

True to form, the 1983 Non-Conference was both professionally stimulating and fun. Next year's conference will be hosted by Dr. Bruce Blasch of the University of Wisconsin, Madison.

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The northern and southern chapters of the California Association of O&M Specialists (CAOMS) held a joint conference at the Asilomar Conference Center, Pacific Grove, Calif. September 30th to October 2nd. Northern CAOMS president, Leanne Lauren, from the California School for the Blind, Fremont, California, organized the conference.

Mark Uslan, AFB's national consultant in O&M, kicked off the conference with a presentation on "National Trends in O&M." Mark has been monitoring national manpower statistics in O&M. He predicted that by 1990, blind persons will get less O&M training than did their counterparts in 1980. Mark cited the drop in funding for university training programs, and the growth in the blind population as reasons for the gloomy forecast. He mentioned that evidence from the National Accreditation Council for Agencies Serving the Blind and Visually Impaired suggests we have already begun to fall behind in serving blind persons (see Landmark).

Karen Karsal, O&M specialist, the Los Angeles County Schools, presented "O&Mercize—Incorporating Music, Movement, and Dance into O&M Instruction." Karen pointed out that music and movement go together and are useful in teaching concepts, decreasing fear of movement in space, improving coordination, and increasing self-confidence. In fact, the title of a book that she finds very useful describes best what she is trying to achieve with music and movement: *Teaching Your Wings to Fly: The Non-Specialist's Guide to Movement Activities for Young Children,* by Anne Leif Barlin, Goodyear Publishing Co., Santa Monica, Calif.

Dr. Alvin Vopata, O&M specialist from the Visalia Public Schools, Visalia, Calif., has designed a curriculum for teaching community life skills activities. Skills such as using a community resource directory and learning about local government, community services, and facilities through games and special mobility lessons involving interaction with community resources is the aim of the curriculum. Using a slide presentation, Al presented his approach to expanding mobility instruction to include the use of community resources in developing independent and interdependent life skills. For more information about integrating the community into your own curriculum, write to Dr. Alvin Vopata, Special Education Resources, P.O. Box 525, Goshen, Calif. 93227.

Dee Quillman from the Western Blind Rehabilitation Center, Veterans Administration Hospital, Palo Alto, Calif., gave advice on solving problems in learning to use telescopic devices. One problem he discussed was how to develop eye/aid target alignment. He suggests having the client look at the object without the aid and then bring the aid up to the eye. He also suggests having the aid as close to the eye as possible. Also, he paints the ocular end of the device another color so that the client can easily determine which end to look through.

Dee also discussed the problem of locating street signs with a telescopic device. He suggests looking across the street with the aid, locating the curb, looking above the curb for poles, and then tracking up the pole to the sign. If there is difficulty in finding the curb, Dee suggests using the aid to look down at the ground to locate the street, then project a line of travel across the street with the aid until the curb is located. Of course, crosswalks are always helpful in locating the opposite curb.

The Joint Action Committee (JAC) of Organizations of and Serving the Visually Handicapped of California held a legislative update for CAOMS members. Bruce and Rona Harrell of Los Angeles identified 1983 successes, including restoring O&M services into state law in the public schools in California. They also reported on the JAC effort in support of federal legislation to authorize medicare and medicaid reimbursement for the purchase of sensory and communication aids for the sensorily and communicatively impaired.

Bruce and Rona also reported on the anticipated publication of state guidelines for the education of visually impaired pupils, a result of last year's action. The guidelines identify and define the role of the O&M specialist and the O&M needs of the visually impaired child. These guidelines will be sent to administrators, teachers, and parents to facilitate the delivery of quality service to children in California.

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On April 20, 1983, the NY AAWB O&M division sponsored a one-day conference, "Medical Update: 1983," held at the Upstate Medical Center in Syracuse N.Y. The program was organized by Veronica Gilligan, who works at the Upstate Medical Center.

Dr. John K. Wolfe, a neurologist, spoke on multiple sclerosis (MS). It was excellent timing that he gave his presentation this day, because he had just received galley proofs of his new book, *Mastering Multiple Sclerosis: A Handbook for MSers and Families*. The book is published by Academy Press, Rutland, Vermont, and will be out in early 1984. The book is being distributed through local MS societies.

Diagnosing MS is extremely critical, because it resembles other diseases. Contrary to popular knowledge, the prognosis for MS is predictable. This means that after the prognosis is determined, long-term and short-term plans can be formulated.

The audience learned that the standard wooden support cane is useless for MS patients because they have trouble gripping it. The same is true with a four-point cane. In fact, the four-point cane is worse, because it trips pedestrians. Dr. Wolfe recommended the Canadian Crutch. He also felt that a wheelchair, especially an electric one, is an immensely useful labor-saving device for persons with MS. Dr. Wolfe tells his patients that they can "age gracefully" with MS if they have a wheelchair. Physical therapy is also extremely important for proper treatment of MS, and is particularly helpful for spasticity in the legs.

Dr. Paul Crosley, a pediatric neurologist, spoke on cortical blindness in children. He defined cortical blindness as a condition where there is no clear behavioral response to visual stimulation. His talk revolved around evaluating cortical blindness when you cannot get an active response from the child—that is, the child is either too young or is severely retarded. In these conditions, the visually evoked response (VER) is used. The VER is a way of charting brain waves when a checkerboard pattern is presented as a visual stimulus. With the VER it is possible to get an early visual acuity and sort out cortical blindness from conditions such as amblyopia.

Dr. John Hoepner, an ophthalmologist, discussed retrolental fibroplasia (RLF) and retinitis pigmentosa (RP). He reminded the group that RLF began in the early forties, when excess oxygen given to premature infants caused approximately 2,500 cases of blindness in children per year. Today, Dr. Hoepner estimates that the incidence of RLF is about 500 blind children per year and on the rise. The primary reason is that oxygen is used to save children with respiratory distress syndrome, which can be fatal.

In regard to RP, Dr. Hoepner discussed the importance of the electroretinagram. This technique is similar to the VER in terms of physiological reaction to visual stimulus, but in the electroretinagram it is the eye's response, not the brain's, that is monitored. The electroretinagram is very important, because standard procedures do not detect RP early, and early identification can lead to better management of the disease.

Dr. Victor Roberts, a medical resident, gave the audience an appreciation of insulin pumps to help control the blood sugar level of diabetics and eliminate the need for periodic insulin injections during the day. Dr. Roberts finds that patient acceptance and motivation are key factors in the success of pumps.

Jane Wojtaszek, a nurse with Home Dialysis Training Unit, showed a film from the National Kidney Foundation. The emphasis of the film was that individuals with kidney disease can still lead an active and fulfilling life. Ms. Wojtaszek feels it is very important to motivate patients and get them involved in all

aspects of their treatment from the very start.

The final topic of the day was alcoholism, and the speaker, Otto Seliu, director of Alcohol and Substance Abuse Programs at Crouse Irving Memorial Hospital in Syracuse, told the audience to look objectively at their own skills at counseling alcoholic clients, and to make referrals if these skills are lacking.

The O&M division also met at the conference. The main topic discussed was the use of O&M paraprofessionals. The group felt that the real motive behind their use is to save money, which would effectively water down O&M services. Delores Schmitt, of the New York Commission for the Blind and Visually Handicapped, volunteered to write a position paper reflecting the division's views on the use of paraprofessionals.

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The Third International Mobility Conference (IMC3) was held at the United Nations Center in Vienna, Austria, on November 1-4, 1983. Dr. Mary Maureen Hill, O&M specialist at the Tennessee Rehabilitation Center for the Blind, Nashville, Tennessee, attended and put together the following report.

Approximately 165 professionals from 26 countries participated in the conference. The conference facilities were excellent. Simultaneous translation of all presentations and question and answer sessions were available in English, German, Spanish, and French. The organizing committee for the conference consisted of Claude Chambet (France); Dennis Cory, Jochen Fischer, and Theodor Reush (West Germany); Peter Ryan (Great Britain); and Jutta Wiesenhofer (Austria). Waltraud Strohmaier and Jutta Wiesenhofer were in charge of local arrangements. In all, there were nine sessions.

In a presentation entitled "Neither Cane nor Dog—Electronic Devices for the Blind Person," Jochen Fischer reported on three blind persons he trained with the Sonicguide™. Two were in wheelchairs and one was a thalidomide client. Theodor Reush reported on O&M in the third world. He showed a film of O&M instruction in India and discussed the importance of climate, culture, and economic variables. Dr. Everett Hill from Peabody College, Nashville, presented a paper on "Concept Development for the Mentally Retarded Blind Person." He also conducted an extended informal question and answer session at the request of several participants.

Ample time was built into the conference for the sharing of new ideas. Periodically, some controversial issues surfaced during the conference. The most notable one was multiple competency training.

The social highlight of the conference was a reception at the Federal School for the Blind in Vienna. Dr. Friedrich Benesch, director, was host for the evening. A buffet dinner was served along with an ample supply of Austrian wines produced by Dr. Benesch from his own vineyards. Musical entertainment was supplied by the students from the School for the Blind.

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From October 13th-15th, 1983, the annual Oregon Education of the Visually Impaired Conference was held in Lincoln City, Oregon. The conference is planned by representatives of regional programs, the Oregon School for the Blind, and services for the deaf/blind.

At the urging of Chris Kostol of the Orientation and Mobility Association of Oregon, O&M was a topic of the conference. Mark Uslan, AFB's national consultant in O&M, discussed "The Challenge of New Directions in O&M. . . A Watershed Period." He stressed that the O&M field has had a dynamic history over the

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past 25 years, but now faces changes in the demography of blindness, the funding of university training programs, and the training requirements of O&M specialists. He mentioned that by 1990, the pre-school population of legally blind infants is expected to increase by 19 percent, an increase greater than predicted for the over-65 age population (17 percent).

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At the annual New York State AAWB Conference, held in Ellenville, N.Y. from September 25-27, Pat Coffey moderated a panel discussion on "The Case for Licensing — Should Rehabilitation Professionals be Licensed in New York State?" Panel members were Richard Bleecker, formerly from The National Accreditation Council of Agencies Serving the Blind and Visually Handicapped, Gala Saber-Brooks from Hines Hospital, Hines Ill., and Scott Oliver, from The Northeast Association of the Blind, Albany, N.Y.

Gala argued that O&M recipients should get the most competent instruction available. As an example of what can be done, she reported on the successful "battle" in Illinois for state licensing of O&M specialists working in the schools. Today, these specialists must be AAWB certified, and must pass a basic O&M competency test. O&M specialists are now on equal footing with teachers in Illinois and children are now assured of receiving quality O&M services.

UPCOMING CONFERENCES

The 1984 Southeastern Orientation and Mobility Association (SOMA) Conference will be held at Florida State University (FSU) in Tallahassee on February 22-24, 1984. This year, SOMA conference attendees will participte in a "Practitioners Conference" where O&M specialists will be interacting in small groups to share state of the art information in O&M. For more information contact: Purvis Ponder, associate professor, 301 Education Building, Florida State University, Tallahassee, Fla. 32306; (904) 644-4880.

Errata: Please note that in *LCN* vol. 2, no. 1, Patricia Ann Kroleski's name was misspelled.

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California Council of the Blind Sues Bay Area Rapid Transit

The San Francisco Bay Area Rapid Transit District (BART) is being sued by the California Council of the Blind and two blind women who fell from the BART station platform onto the tracks four feet below. BART's failure to install textured detection material near the platform edges prompted the lawsuit, according to the plaintiffs.

In 1973, BART distributed braille brochures to blind people in the Bay Area stating that certain stations within the BART system were designed with "textured warning strips" along the platform edges to alert visually impaired travelers that they were approaching the drop-off. However, each BART station was designed by a different architect, which resulted in a variety of textural patterns, and unfortunately only two out of 34 stations have an adequate textural change along the edge to provide an effective warning of the drop-off. So began a long and difficult struggle between BART and the advocates for a textured platform edge (many of whom are O&M instructors). In 1978, BART was awarded a $154,000 federal grant to install an edge-detection system. To date no texture has been installed. The tragic outcome is that many blind people have fallen onto the tracks. Luckily no one has yet been killed.

The two blind women who filed suit are both experienced travelers who routinely use BART. They contend that their civil rights to safe and equal access to a public transit system were violated by an unnecessarily dangerous situation, which resulted in personal injury. In addition, they and the California Council of the Blind filed a preliminary injunction requiring BART to develop and implement a plan of action to resolve this safety problem. Although the preliminary injunction was opposed by the National Federation of the Blind, it was granted "after hearing." As a result, BART will be conducting a test at three stations to determine the effectiveness of an edge-detection system.

BART is collaborating with Billie Bentzen, Richard Jackson, and Alec Peck from Boston College regarding their recent research on textures that can be detected underfoot by cane users as well as dog-guide users. The material that the Boston College researchers found to be most detectable will be the tactile warning system

To Our Readers

The diversity of O&M around the country varies considerably. Factors such as geography and climate, state economy, population density, and even language and customs affect the character of O&M in different parts of the U.S. Our state and regional O&M organizations reflect this diversity. In this issue of the *LCN* we have focused on O&M in California, with special emphasis on the California Association of O&M Specialists (CAOMS). *LCN* associate editor Kent Wardell has worked with a host of enthusiastic O&M specialists in California who have contributed Letters to the Editor, Conference Reports, and Landmarks that, together, paint the picture of O&M in that state. With this issue of the *LCN* as an example, we hope that you will be stimulated to contribute material for succeeding issues, telling the story of O&M in your part of the country.

MARK USLAN
EDITOR

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used in the BART test. Narrow strips of texture (resembling a corduroy pattern) will be inlaid parallel to the platform edge. If the test proves to be a success, BART will install these "textured warning strips" systemwide.

TONI PROVOST-HATLEN, O&M SPECIALIST
LIVING SKILLS CENTER FOR THE VISUALLY IMPAIRED
SAN PABLO, CALIFORNIA

LETTERS

The California Association of O&M Specialists

The California Association of Orientation and Mobility Specialists (CAOMS) was born on May 25, 1966, when eight people met at the Orientation Center for the Blind (OCB) in Albany, California, and called themselves the Northern California Mobility Interest Group. On September 17, 1966, another meeting took place at OCB, which was attended by instructors from both northern and southern California. This group decided that the organization should be statewide, and resolved to decide on a permanent name at the next meeting. The name, CAOMS, was chosen at Aviation High School in Redondo Beach on December 23, 1967. Today several of the original members continue as active participants in the organization, and this simple fact is the cornerstone of its success. Those who join tend to remain members thoughout their careers, maintaining active participation long after they have moved into administrative positions or other related fields.

Bob Eisenberg and Kent Wardell of the California State University, Los Angeles, O&M Specialist Training Program are instrumental in encouraging trainees to join the Southern CAOMS. Likewise, Pete Wurzburger (retired) and Phil Hatlen of the San Francisco State University O&M Specialist Training Program encourage membership in Northern CAOMS. For new O&M graduates, this stimulates professional involvement early in their careers and provides a vehicle for meeting others in the field.

From this continually renewed pool of talent CAOMS has consistently recruited dedicated, concerned people who are willing to assume leadership roles within the organization soon after graduation and who help promote CAOMS's role as a source of continuing education for O&M professionals as well as others interested in the education or rehabilitation needs of the visually impaired. An indication of this commitment is the fact that many CAOMS members are active in other such organizations. Cross-membership in the Association for the Education and Rehabilitation of the Blind and Visually Impaired, the California Transcribers and Educators of the Visually Handicapped, and the American Council of the Blind is common. The high level of activity represented by this cross-membership enhances commitment to the field and helps maintain individual interest in professional organizational activity.

CAOMS consists of a Southern and a Northern California chapter. Separate chapters are feasible because of the size of the state and the number of instructors employed. When CAOMS was formed the original members chose not to become part of AAWB, but rather to be an independent organization. Today each chapter of CAOMS is autonomous, maintaining its own board of directors and adopting its own procedures. Communication and coordination between the chapters are maintained by newsletter and exchange of minutes. Further communication is enhanced by the annual statewide meetings, responsibility for which alternates between the chapters.

Each chapter has an active membership averaging from 40 to 50 members, and chapter meetings are usually held quarterly. Also, several instructors in areas outside Los Angeles and San Francisco regularly organize local meetings of instructors in their area, and arrange attendance at CAOMS chapter meetings. For example, instructors working in the San Diego area regularly attend Southern California chapter meetings in Los Angeles, but in 1983 they hosted a CAOMS chapter meeting in San Diego. This resulted in such a positive response that the southern chapter is working to make a San Diego meeting an annual event.

The bulk of CAOMS's work is handled by committees, the leadership coming usually from the core group of more active members. Many who are unable to devote a great deal of time involve themselves in selected committee assignments. Each chapter maintains a standing program committee and a legislative committee. Along with the standing committees, ad hoc committees are regularly formed for special projects. These projects have included planning the state wide conference, input to the Los Angeles Rapid Transit District's MetroRail Project, and updating CAOMS's constitution and bylaws. Division of labor among committees enables many people to become involved with CAOMS in an active way without requiring major time commitments.

CAOMS's primary goal is to provide its members with the opportunity to continue their professional development. It accomplishes this through educational meetings and a newsletter containing general O&M information and educational pieces by instructors. Chapter meetings are often held at local agencies, schools, or medical facilities, giving members the opportunity to learn about these community resources. They meet other people working in various education or rehabilitation areas, and often get reacquainted with the programs of familiar local agencies.

Each chapter meeting begins with a business meeting that includes updates on various CAOMS projects,

job offerings, and legislative issues. Because of the broad range of topics discussed, attendance at these meetings often includes several teachers of the visually impaired and others who are not O&M instructors. Likewise, several O&M instructors are usually present at local meetings of the Association for the Education and Rehabilitation of the Blind and Visually Impaired, the statewide meeting of the California Transcribers and Educators of the Visually Handicapped, and the national convention of the Association for the Education and Rehabilitation of the Blind and Visually Impaired.

Upon the initiative of the northern chapter CAOMS resumed annual statewide meetings in 1983 after a lapse of five years (see *LCN*, Winter, 1984). These statewide conferences are planned so that members will be exposed to a wide variety of techniques and innovative program concepts. An equally important benefit of both statewide and chapter meetings is the time allowed for socializing, discussion of problems, and development of valuable contacts both within and outside the field of O&M.

The most significant impact CAOMS has had as an organization since 1980 is in the legislative area. Southern CAOMS's legislative committee was the prototype for, and was instrumental in, the formation of the Joint Action Committee of Organizations of and Serving the Visually Handicapped. (See *LCN*, Spring 1982). Also, both chapters have independently maintained active legislative committees, which are recognized as major forces in the battle to keep people informed of and responsive to pertinent legislative issues. Through the leadership and initiative of Bruce Harrell and the southern CAOMS legislative committee virtually all consumer, professional, and parent groups in California are now active on the local and national legislative front.

The Joint Action Committee is a statewide coalition, currently composed of 16 member organizations representing consumer groups, professional organizations, parent groups, agencies, and product manufacturers interested in education and rehabilitation for the visually impaired. Through the efforts of the Joint Action Committee, organizations that have been philosophically opposed are talking together and working with each other to improve the overall quality of service available to visually impaired people in education and rehabilitation. This spirit of interagency and interdisciplinary cooperation is CAOMS's foremost contribution to the field.

Reviewing CAOMS's history leads to the conclusion that cooperation and shared knowledge among a group of interested, dedicated people provides innumerable benefits for all involved. CAOMS has swung between periods of greater or lesser activity, but from the beginning it attracted people who kept the basic structure together. They have understood that a shared base of knowledge, with a forum for communicating this knowledge, is critical to the growth and development of the profession. Moreover, having a solid base of shared experience and exposure to new techniques and client populations provides each member with an opportunity for maintaining his or her enthusiasm for the work. The knowledge that others are experiencing similar difficulties, frustrations, and triumphs is of inestimable value. This is particularly true in a profession as young as ours, where the work is by nature highly individualized and often performed in relative isolation from professional feedback.

CAOMS has taken the lead in the areas of individual professional development, expansion of the profession into new areas, legislative awareness, and fostering interorganizational cooperation. Although part of this leadership role may be attributed to the large instructor base available in California, and to the fact that two O&M training centers are located in the state, the primary driving force has always come from a small group of dedicated members. CAOMS's experience can be duplicated virtually anywhere a few people are willing to devote their time to organizing meetings, making contacts with other groups, promoting cooperation and dialogue among organizations, and sharing with and helping others similarly involved. There are great benefits to be derived from an organized base of professional support, continuing education, and legislative awareness. CAOMS has proved that it is well worth the effort to promote these goals.

JIM SIEGEL, FORMER PRESIDENT
CAOMS
LOS ANGELES, CALIFORNIA

Working with Infants and Preschoolers

Over the past few years the topic of infant and preschool O&M services has generated a lot of discussion, but disappointingly little action. Philosophically, many educators and even O&M specialists define the role of an O&M professional as teaching cane travel. It is understandably difficult to imagine how this role relates to children who cannot yet walk. Other O&M specialists recognize the value of early childhood services, but lack the child-development background necessary for applying the O&M principles here. An even greater barrier to working with infants and preschoolers is the lack of detailed early childhood O&M curriculum guides and professional training for O&M instructors on working with very young children. Existing materials and training programs present a good overview of the field, but are not specific enough to use for day-to-day program planning. There is an urgent need for communication among O&M specialists who are working with this population and for

more demonstration projects designed to test techniques and develop materials. There is also a desperate need for in-depth training for O&M specialists and trainees on creative, age-appropriate teaching strategies to use with infants and preschoolers.

I speak of these gaps in the field from personal experience. In September 1983, I was asked to develop and coordinate a new Infant-Family Program at Foundation for the Junior Blind, in Los Angeles. Determining priority developmental areas to include in our program, and developing teaching strategies within these areas, has been a major challenge for our staff over the past year.

Our staff consists of two O&M specialists who work with visually impaired and multihandicapped blind children birth to three years old, and their families. We provide families with a home-based infant stimulation program, parent and sibling emotional support services, referrals to other needed medical and social services, and assistance in locating appropriate educational programs when their children reach the age of three years.

The in-home stimulation program covers a wide range of developmental areas, from body imagery and auditory training to self-help skills and behavior management. Within each of these areas, we explain to families about "normal" child development and problem areas common to visually impaired children. We also suggest environmental modifications in the families' homes to increase safety and stimulation for the children. Weekly or bi-weekly visits with the families also include demonstrations of specific skill-building activities for parents to implement with their children between visits.

The most unique aspect of the Infant-Family Program is, perhaps, our O&M component for infants and their families. Included in this component are nine skill areas: (1) gross motor development; (2) fine motor development; (3) body imagery; (4) orientation and mobility skills; (5) auditory skills; (6) vestibular stimulation; (7) vision skills; (8) olfactory awareness; and (9) tactual skills. Competence in all these areas is essential for safe, independent travel. To promote the development of this competence from an early age we have created an infant curriculum with teaching activities in each area. Of particular interest to O&M specialists may be our scooterboard curriculum, movement-to-music program, auditory skills training program, and O&M skills curriculum.

A scooterboard (a board cut to the approximate dimensions of a child and mounted on coasters) is an effective mobility aid for working with nonambulatory children. We use scooterboards with several of our children, with input from their physical therapists, to strengthen their arms and legs and encourage purposeful movement for locomotion. A scooterboard may also be used to increase head, neck, and trunk control, and to improve balance. Specifically related to O&M, a scooterboard is an ideal tool for working on time-distance judgment (starting at a consistent point and traveling to a specific destination). It may also be used in teaching the concept of direction of travel (forward, backward, sideways) and in demonstrating gradient changes (moving up, down, and across a slope). Also, the concepts of "stop" and "go," the perception of a straight line of travel, and the awareness of various speeds of travel may be introduced even before a child can walk. The skills and concepts initiated on the scooterboard may be repeated without the board as the child learns to crawl and to walk.

Movement is also the focus of "Jazz for Juniors," our in-home movement-to-music program for infants and their parents. Set up as a "minijazzercise" program, it combines gross motor development, physical fitness, body imagery, and relaxation techniques and puts them to music. Music is an excellent motivator for young children. The type, rhythm, and volume of the music played may be altered to encourage fast paces, stimulated movements, or slow and relaxed movements. Parents provide the children with verbal and tactual feedback on the body parts they are moving and the names of the movements, their direction in relation to the body, side(s) of the body moving, and speed of movement. Movements of body parts (i.e., head rotations) and of the whole body (i.e, rolling over) are introduced by passsively moving the children through the exercises. Gradually the amount of parental assistance is decreased.

Development of proficient auditory skills is also a gradual process. The ability successfully to utilize environmental sounds for independent travel may well depend on early auditory experiences at less sophisticated levels of listening. First, an infant must become aware of the presence or absence of sound, and learn to tolerate a variety of sounds. Next, a child must develop the ability to discriminate between variations in pitch (high/low), volume (loud/soft), rhythm, quality, and duration (constant/intermittent) of sounds. A child then learns to associate specific sounds with the objects producing them. Sound localization, another important auditory skill, begins with eye movements in the direction of sounds and eventually includes head turning, reaching, and physical movement to sound sources. The ultimate goal, of course, is the ability to apply these skills to real-life travel situations in the environment.

In conjunctiion with auditory skills training is our O&M skills curriculum. We introduce modified O&M techniques with our children who are 18 months to three years old. Specifically, these include sighted guide, room familiarization, protective techniques, trailing, stair travel, and orientation to an automobile.

Mobility aids, such as infant walkers, hula hoops, and children's push toys, are being used to encourage our children to move around the environment. Use of residual vision is stressed as an important component of our O&M training program. Environmental and spatial concept development is also emphasized.

The early introduction of O&M has been received with great enthusiasm by our parents. Their direct involvement in our program has been essential to its success in meeting the needs of infants and their family members. I can now say with steadfast certainty that the concept of early childhood O&M works. Let us not stop with a few isolated efforts at providing these services. Many families in your geographic area are waiting.

Our staff would be interested in exchanging ideas with other O&M specialists who are working with infants and preschoolers.

KAY CLARKE, COORDINATOR
INFANT-FAMILY PROGRAM
FOUNDATION FOR THE JUNIOR BLIND
LOS ANGELES, CALIFORNIA

LANDMARK

Boston College has recently received funding for three training programs. They are an outgrowth of the BC Peripatology Program (1960-1984), but are each multiple-competency projects. The first amounts to a renewal of BC's "dual program" in O&M and teaching the visually impaired. The second extends the dual concept to adult services. Specialists will be trained in a dual O&M and Rehabilitation Teaching Program during a fourteen-month cycle. And the third project will prepare specialists to work with visually impaired youth with multiple handicaps who are in "transition" from school (or institution) to the world of work. Specialists will receive training in O&M, rehabilitation teaching, and vocational assessment (including job-site analysis) over a sixteen-month training period.

Under the direction of Dr. Richard M. Jackson, these new programs will employ Hugo R. Vigoroso as assistant director; W. Robert Smith, Gary R. Snyder (on leave during 1984-85), and Sarah Stanton as lecturers in O&M; Billie Louise Bentzen as a senior teaching fellow; Dr. Laurel J. (McWilliam) Hudson as O&M liaison for special field sites; and Janice Crews as a lecturer in rehabilitation teaching.

BC also offers a doctoral program (supported by the Office of Special Education Programs) that enables professionals to return to the university for advanced study. Since 1980, funded research under the direction of Professors Randolf Easton, Richard Jackson, and Alec Peck has afforded doctoral students firsthand research experience and supplemental support through research assistantships.

For more information, write to Dr. Richard Jackson, Program in Visually Handicapped Studies, Boston College, McGuinn Hall B-29, Chestnut Hill, Mass. 02167.

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Dr. Everett Hill has recently received federal funding from the Handicapped Childrens Early Education Programs for a three-year demonstration grant on preschool O&M. The goals of the project are to develop an innovative/model curriculum, assessment strategies, and parent-training procedures in O&M for preschool visually impaired children and their parents. The project coordinator is Debra Cockran, who has previously worked for the Portage Project, a model early-education project conducted in Portage, Wisconsin. She is completing her doctorate in early childhood/special education at Utah State University. The preschool teacher for the project is Bruce Smith, a

In Memory of Karen Carsel

On Sunday, April 29, 1984, CAOMS lost a good friend and a dedicated and exceptional fellow professional, when Karen Carsel died in an automobile accident.

Karen graduated from the California State University, Los Angeles, O&M Training Program in December, 1980. Since then she has been employed by the Braille Institute and, most recently, the office of the Los Angeles County Superintendent of Schools, as an O&M specialist.

Those who knew Karen professionally knew her as a creatively energetic individual, dedicated to the field of O&M and the people she worked with. Those who knew her personally saw her as a warm and caring person, a friend who was always there when she was needed.

Karen was constantly involving herself in special projects related to her work. One effort very dear to her was her innovative work in "Jazzercize" as a tool for enhancement of body awareness and self-esteem for her visually impaired students (See *LCN*, Winter, 1984). In her short career as an O&M specialist, Karen accomplished much and gave even more of herself.

The Southern California Chapter of CAOMS wishes to express condolences to Karen's family. We share their sorrow.

We are grateful that we knew Karen.

KATHLEEN S. DEAVER, PRESIDENT
CALIFORNIA ASSOCIATION OF O&M SPECIALISTS
(SOUTHERN CHAPTER)
LONG BEACH, CALIFORNIA

graduate of the master's program in visual impairment and multiple handicaps at George Peabody College of Vanderbilt University, Nashville, who has been teaching visually impaired children in the Fort Worth, Texas, public schools. The O&M specialist is Bonnie Dodson-Burk, who has trained in O&M at Western Michigan University, and has been working in a school district in western Pennsylvania.

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Dr. Randall Harley, professor of special education at George Peabody College for Teachers, Vanderbilt University, has been awarded a one-year grant to develop and validate a programmed intervention system in orientation and mobility for young blind multihandicapped preschoolers. Evaluation materials will be developed in sensory, motor, and cognitive/concept areas, and programmed instruction will help in the teaching of critical skills in these areas to severely impaired children who function in a 0-3-age group. Materials produced by this project will be disseminated in a manner similar to that of the existing Peabody Mobility Scales. For more information on this project, contact Dr. Randall Harley or Mr. Richard Long at Peabody College, Box 328, Nashville, TN 37203.

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The Peabody program has a faculty addition and a new doctoral student. Dr. Mary-Maureen Hill, formerly an O&M instructor at the Tennessee Rehabilitation Center for the Blind, is teaching part-time in the program. George Zimmerman, formerly a faculty member in the Peripatology Program at Boston College, is now a full-time doctoral student at Peabody.

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Peabody College doctoral students Anna Bradfield and Richard Long have much to report.

Anna Bradfield (now an instructor at the Pennsylvania College of Optometry) has received a grant from the National Institute of Handicapped Research to complete her dissertation, entitled *Studies of the Validity and Reliability of a Method to Assess Cognitive Mapping Abilities in Blind Adults.*

Richard Long has recently received the AFB Dissertation Incentive Award. His dissertation is part of a larger study of travel behavior being conducted by Drs. Everett Hill and John Rieser. In the study, low vision persons will be asked to rate certain situations, such as overhangs, drop-offs, and obstacles, on their relative difficulty under various levels of illumination. Behavioral measures of travel performance, such as pauses, veering, and object contacts, will be recorded by observers. Participants will also be asked to perform a simple secondary task as they walk, since changes in performance on a secondary task accurately reflect the degree of mental effort required by the primary task. The secondary task involves a verbal response to a tone presented by audiotape. An increase in time between the sound of the tone and the participant's verbal response will occur as a result of an increase in the mental effort required to walk the route safely and efficiently. It is expected, for example, that decreases in secondary-task performance will occur as participants encounter situations that require substantial amounts of mental efforts.

The data from the behavioral portion of the study, as well as the observations of low vision travelers on relative difficulties will be correlated with travelers' levels of visual functioning, including their acuity, visual field, and sensitivity to contrast. The results should help O&M instructors predict more accurately the kinds of travel problems their students may experience as a function of their degree of remaining vision. This information should also assist in the designing of training programs geared to the student's individual needs.

For more information on this research, contact Dr. Everett Hill or Mr. Richard Long at Peabody College, Box 328, Nashville, Tenn. 37203.

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California State University at Los Angeles has recently received funding from the Rehabilitation Services Administration for increasing the number of minority O&M specialists, particularly bilingual Hispanic instructors. Cal State's goal is to boost dramatically the program's output of minority graduates by the end of 1985. Also the university will continue to provide clinical training and coursework in O&M for the multiply handicapped.

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On June 16, 1984, Berdell ("Pete") Wurzburger was lauded by family, friends, and colleagues in commemoration of 31 years of service in the field of O&M. The party, sponsored by COAMS/San Francisco State University (SFSU), was held at the home of Petal Turner in Martinez, California. Speakers included Georgia Lee Abel, Alan Jenkins, Joe Lerner, Gil Johnson, Virginia Sowell, Jerry Fields, and Bill Ackerman. All were quick to applaud Pete's leadership and guidance as a professor at SFSU and his warm and caring personality as a friend the world over. Pete was given a video cassette recorder and camera, from contributions all over the country—and beyond—at the end of the program. The O&M profession has high hopes of new-found exposure on MTV!

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Maureen McGowan, Supervisor of O&M at the Helen Keller National Center for Deaf-Blind Youths and Adults (HKNC), is part of the HKNC National Training

Team that conducts seminars for professionals who are new to working with deaf-blind persons. The team was created in 1981 pursuant to the great number of requests made for seminars on deaf-blindness. HKNC hopes that these seminars will help prepare the country to meet the needs of the rubella population now in the late teens as well as the newly recognized population of children with Usher's syndrome. Maureen recently participated in a HKNC workshop for O&M specialists at the Colorado Rehabilitation Center for the Blind in Denver. For information on KHNC Seminars, contact Sister Bernadette Wynne, 111 Middle Neck Road, Sands Point, N.Y. 11050.

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Donna Sauerburger reports that, after a few years of "start-up time," the Metropolitan Washington O&M Association is very active. In the September 1984 issue of the association's newsletter, Donna suggested that crime prevention should be part of the O&M curriculum. She stated that one of her O&M clients lost her vision when she was mugged while on her way to work. Donna and the Metropolitan Washington O&M Association are compiling information on the subject, and would welcome correspondence from O&M specialists who are similarly concerned about the impact of crime on blind and visually impaired travelers. Write to Donna Sauerburger, 1606 Huntcliff Way, Gambrills, Md. 21054.

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Guiding Eyes for the Blind will again be holding a series of seminars for O&M specialists. These seminars are designed to provide an in-depth understanding of the guide dog training process. Each seminar will include blindfold experiences and observation of students in training. Discussions will be held on the characteristics of a good guide dog and on problem solving in the field. Also, through a pre-seminar questionnaire, specific concerns and questions of the participants will be addressed. There is no cost for attendance at these seminars, and housing and meals are provided. For further information and arrangements, please contact Jonathan Schrauer at Guiding Eyes for the Blind, Yorktown Heights, NY 10598; (914) 245-4024.

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Margot Palazesi is the project manager of a grant from the Florida Department of Education to develop and implement a model O&M program to serve both educable and trainable mentally handicapped students, and visually impaired students as well. At the conclusion of the grant, an instructional program model including a curriculum, activities, materials, and evaluative techniques will be available. In addition, an in-service training packet for teachers and parents addressing O&M and its practical applications will be developed. A final product of the grant will be funding recommendations, so that the service may continue to be offered when the grant monies are no longer available. For more information, write to Margot Palazesi, Leon County Schools, Exceptional Student Education, 925-A Miccosukee Road, Tallahassee, Fla. 32303.

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Did you know that, as an AERBVI member, you can now purchase professional liability insurance? The coverage provides $500,000 for damages, plus legal defense. Regular coverages costs $25 a year. Coverage for private contract work is $50 a year. For more information, call or write to AERBVI, 206 North Washington Street, Alexandria, Va. 22314; (703) 548-1884.

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Carla Brown is the project manager of a grant (also from the state of Florida) to develop a "best-practices model" for providing O&M services to preschool visually impaired children in Florida. Carla is seeking input from O&M specialists working with pre-school children. Correspondence should be directed to Carla Brown, Nina Harris Exceptional Student Education Center, 6000 70th Ave., N. Pinellas Park, Fla. 33565.

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Since June 1983 the O&M Instructors' Association of Australia (OMIAA) has been publishing a quarterly newsletter, *The OMIAA Journal*. The objectives of the association are to promote O&M for the visually impaired, maintain a high standard of instruction, assist in research, and publish relevant literature. In 1981 OMIAA established certification guidelines for O&M instructors. For more information about the association or for subscribing to the journal write to Mark Battista, President, OMIAA, Illawarra Community Centre, P.O. Box 850, Geelong, Victoria 3220, Australia.

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LCN readers were introduced to AFB's SuperFold Cane in the Winter 1984 issue. One of the advantages of the cane is its rigidity. However, if it is not properly locked, it is not very rigid. Locking procedure is as follows:

1. Unfold the cane.
2. Wait a few seconds until the sections come into position.
3. Hold the cane by the grip and strike it down on the floor or ground once or twice to lock each joint together.

Once this locking procedure is followed, the joints of each segment will interlock and the cane will remain rigid. Unlocking the cane for folding is best accomplished by twisting free each joint.

CONFERENCE REPORTS

The First International Conference of the AAWB/AEVH Alliance took place on June 24-28, 1984, in Nashville, Tennessee. The conference was truly an historic event, because it brought together one of the largest gatherings of professionals ever. It was in Nashville that the new name for the Alliance was officially adopted—The Association for the Education and Rehabilitation of the Blind and Visually Impaired (AERBVI). The new name was chosen in a "Name That Association" contest. Bill Bryan of the Stephen F. Austin State University O&M program was one of two who submitted the winning name.

For O&M it was also a very special event. Many of the originators of our field were in attendance, and they all came together for the 1984 Lawrence E. Blaha Memorial Award ceremonies. (The O&M division established this award in 1968 to honor one who exemplifies the outstanding professionalism, high standards, and philosophy of Lawrence E. Blaha, a pioneer in the field.) In addition to receiving a plaque, the recipient is designated the guardian of the gold-handled cane of Sir Francis Campbell. C. Warren Bledsoe of Baltimore was the 1984 recipient. Bledsoe is a very special recipient of the award—he was Blaha's teacher and mentor, and also it was he who procured Sir Francis Campbell's cane for the use of the O&M division.

Warren Bledsoe's father was the innovative superintendent of the Maryland School for the Blind. Following graduation with honors from Princeton University, Mr. Bledsoe returned to the Maryland School as a teacher of drama and English. During WWII he served in the Army Air Corps, and later in the Army Medical Corps. As blinded soldiers began to appear in the army hospitals, a call went out for servicemen with experience in work with the blind, to be transferred to the Eye Center at Valley Forge Hospital. Warren and his old friend and colleague, Dick Hoover, spent many hours discussing what should be done. At Valley Forge, their breakthrough solution—foot travel with coordinated use of a lightweight long cane—gave birth to the techniques of O&M. Warren was among the very first O&M instructors to introduce formal procedures in this discipline, and he became the promoter of this method through the Veterans Administration programs for the blind.

In 1947, Mr. Bledsoe was given the task of establishing a national training program for newly blinded members of all branches of the armed services by General Omar Bradley, Administrator of the Veterans Administration (VA), and Major General Paul R. Hawley, Chief Medical Director. It was through Mr. Bledsoe's herculean efforts that the program from Valley Forge was transferred to the VA Hospital at Hines, Illinois. Few people are aware of the many obstacles and the fierce opposition that he had to overcome to accomplish this goal. Through deligence, diplomacy, and quiet determination, he succeeded.

The status of O&M in Mr. Bledsoe's mind is illustrated by the fact that, of the ten people employed to start the Center at Hines, five were "orientors." Besides helping to select applicants for these positions, he spent many months at Hines training them in what Valley Forge had done so well. The center at Hines, directed by Russell C. Williams, was the only one of its kind operated by the federal government. The program was so successful in training blinded veterans that it attracted the attention of civilian agencies for the blind. As the demand for qualified O&M instructors grew, Mr. Bledsoe, who was now on the staff of the Services for the Blind in the U.S. Department of Health, Education and Welfare, was instrumental in securing funding for the programs at Boston College and Western Michigan University. We might not yet have O&M as we know it today had it not been for Mr. Bledsoe. He had vision and intellect, he formulated the educational and battle plans, he master-minded the procedures, he withstood the strong pressures and neutralized the critics and opposition.

Through the years, Mr. Bledsoe has been a prolific author. His many articles have been published in our professional journals. In 1942 he wrote a successful humorous novel that went through several printings in the United States and England. He chronicled the field of O&M in the book *Foundation of Orientation and Mobility*. AAWB established the C. Warren Bledsoe Publications Award in his honor, and for several years Mr. Bledsoe chaired the History and Memorial Committee of AAWB. In 1977 he received the Alfred Allen Award.

Presently Mr. Bledsoe is semi-retired, and resides with his wife, Anne.

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Walter Thornton, chairman at the National Mobility Centre, Birmingham, England, and Stanley Suterko, professor (retired), Western Michigan University, discussed the "History, Proliferation, and Future of the Field of O&M" in one of the Division IX sessions. Thornton referred to his training in the use of the long cane by Suterko in 1965. From this experience Thornton asked Suterko to help set up O&M training in the U.K. During his twelve months at The Birmingham Royal Institution for the Blind, which provided the base for his activities from 1966 to 1967, Stan Suterko succeeded in changing opposition to long cane training to support for it. He laid a sound foundation, upon which Lee Farmer, Bob LaDuke and Bob Crouse contributed in their turn. The system expanded steadily, and to date the Birmingham Centre has trained well over 350 O&M instructors, most of whom are scattered around the U.K. but a quarter of whom come from 33 other countries.

One of the participants in a Division IX panel on "O&M for the Severely Handicapped, Visually Im-

paired Person in an Institutional Setting" was Anna Williams, O&M specialist with the Sonoma State Hospital, Eldridge, California. She discussed a "24-hour mobility program" in an institutional setting. The rationale of the program is that O&M occurs through the client's waking hours. Anna elaborated in great detail how Sonoma State Hospital serves its large population of blind and deaf-blind youngsters and adults. (For documentation on the Sonoma O&M Program, write to the Editor, *LCN*.)

David Guth, O&M specialist from the TBA Intermediate School District, Traverse City, Michigan, presented a study of the use of traffic sounds for alignment at street intersections. His experiments examined alignment under a variety of traffic conditions, and included both "expert" blind cane travelers and sighted O&M graduate students as subjects. Among the interesting results was that the direction of traffic (parallel oncoming, parallel ongoing, and perpendicular) did not effect the blind subjects' accuracy.

In concurrent session, Billie Louise Bentzen of Boston College gave historical perspective on accessibility standards affecting visually impaired persons, and presented a model for decision-making in accessibility. One common model, at the point where standards are translated into architectural plans, is to appoint a group of handicapped consumers, and professionals who work with them, to an advisory committee. The recommendations of this committee are then translated into architectural plans. Although the intent of this model is exemplary, there have been problems in its implementation. Recommendations have been made which serve one handicapped group well, but exacerbate the problems of another group. Sometimes the recommendations are not considered desirable by many members of the handicapped constituency that they are intended to help. At other times they cannot be implemented, or, when implemented, do not bring about the desired benefit.

Bentzen made a plea for calling on the "authorities" of empirical research and consumer experience to avoid making recommendations which may not be desired by consumers, or which may not work to consumer advantage.

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At the reward reception following the ceremonies, Nashville's O&M musicologist, Dr. Everett (Butch) Hill staged one of his famous Mobility Rock Operas. This year's cast included Peabody O&M students (Jacynthe Daviault, Liz Zimmer, Wayne Soben, and Bill Penrod), Mary-Maureen Hill, Butch, and anyone else Butch could con into participating (e.g., his secretary, Pam McQuarrie, and her husband, Roger). For weeks, maybe months, before the production, Butch would sneak off for home to write the script, which consisted of questions members of the cast would ask each other. Of course he knew the answers, and they came out loud and clear in the form of musical segments of records from his large record collection. Since Butch knew his cast well, the musical answers reflected idiosyncrasies, experiences, etc., of the individual members of the cast. Along with questions and musical answers, the cast began to dance and make gestures and /or ad libs to accentuate the answers. Tables and chairs were then pushed back, Butch put on his musical tape, and the audience began to dance. A grand time was had by all.

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The 1984 Midwest O&M Non-Conference was hosted by Dr. Bruce Blasch at the University of Wisconsin in Madison on September 21-22, 1984. The theme, "Lost and Found," was applicable for those unable to attend, who "lost" out on informative sessions, and for those attending, who "found" a beautiful campus, spacious facilities, informative sessions, and an opportunity to renew old acquaintances.

Everett Hill started the presentation on Friday evening with a report of the O&M Competency Study being conducted by the American Foundation for the Blind. Teacher educators, O&M specialists, parents, and blind individuals provided input regarding the importance of specific O&M competencies. Those rated low included the history and philosophy of the field (except for university respondents), program administration, and the ability to handle professional information and research. Those rated high included assessment, teaching strategies, and the range of O&M skills.

A second study, currently in the works, will examine the role of the O&M specialist in the utilization of competencies used in teaching O&M to specific populations. One of the immediate benefits of the O&M competency work is that today a data bank on O&M demographics is available and being used by university training programs for long-range planning.

The social highlight of Friday evening was a skit by the Hines Players, which light-heartedly provided some practical information such as the idea of using adult bookstores for low vision aid training. The finale, a chorus line, brought down the house.

Saturday morning started off with a history and explanation of orienteering (a timed cross-country race in which participants use a map and compass to plan the most efficient route between check points on an unfamiliar course) by Susan Riley and Bruce Blasch. Then helpful techniques involving compass use and the reading of contours on maps were presented before blindfolded participants were sent off to locate indoor and outdoor destinations. Outdoor travelers were cautioned to watch out for the marsh! *LCN* associate editor Toni Heinze hasn't been the same since she was

lost in the "reprocessing" center of the University of Wisconsin's new hospital.

In promoting the use of orienteering activities in mobility, Bruce emphasized skills such as landmark use and identification, map use, compass use, distance estimation, route following and planning, selection and discrimination of informative sensory cues, problem-solving/decision-making strategies related to independent travel, and taking precautions to avoid becoming lost. Bruce also described how aids such as the Mowat Sensor, the stereo copying machine, and experimental auditory cueing system, and a new type of compass can help the orienteer.

An update on the tactile vision substitution system was provided by a University of Wisconsin researcher, Paul Bach-y-Rita, M.D. Research that started twenty years ago on converting images from a television camera to electrical stimulation on the skin has now advanced to the stage where it is possible to use an Optacon with a zoom lens. Dr. Bach-y-Rita emphasized that a portable apparatus and practical application are the chief goals of his present research.

Some very practical ideas about how to offer mobility services through private practice were presented by Belen Brambila-Hickman of Michigan. Belen has developed a range of services including consultation, direct teaching, curriculum development for special needs, marketing of mobility aids, public information, and in-service training. She recommended incorporating as a private-for-profit organization, branching out to cover a variety of areas/handicaps including head injuries and geriatric needs, and submitting grant proposals to obtain funding for special projects. Topics such as tax write-offs, insurance, and alternative funding sources were also discussed.

Zelda Bower of the Iowa Braille and Sight Saving School in Vinton extends an invitation to all O&M instructors to come to Iowa next fall for the 1985 O&M Non-Conference.

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It has often been said that California is the testing ground for new ideas. One of the reasons that this state is in the forefront of change is that Californians are not afraid to discuss controversial issues openly. In the field of O&M the issue of instructors who are blind is perhaps the most controversial of all topics. More often than not, attempts to discuss the issue fail because of the tendency to discard reasons and allow emotion to take over. California O&M specialists recently took on the issue in a joint meeting of the Association for the Education and Rehabilitation of the Blind and Visually Impaired and the northern CAOMS, held at San Francisco State University on October 13, 1984. Co-chairpersons of the event were Mike Cole and Linda Alexander of the Living Skills Center, San Pablo.

To the pleasant surprise of many who attended (approximately 60 people), discussion was held to a very professional level. Proponents of blind O&M specialists stressed the empathy and the role modeling function of the blind instructor. On the other side of the argument were those who felt strongly that safety, monitoring student progress, and teaching persons with residual vision were issues of paramount importance.

The group not only tackled the issue of the blind instructor, but went on to hear the pros and cons of "mobility paraprofessionals," discussing the many possible definitions of this term and agreeing that a primary concern is how to prevent the watering down of quality services.

For more information or for loan of cassette tapes of the meeting, contact Mike Cole, supervising teacher, Living Skills Center for the Visually Impaired, 2444 Road 20, San Pablo, Calif. 94806.

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The Business meetings of the O&M Division proved to be as exciting and dynamic as usual, and were very well attended. New Officers were elected. They include: Patricia Coffey Bucci, White Plains, N.Y., chair; James Newcomer, Quakertown, Pa., chair-elect; and Mark Uslan, New York, N.Y., secretary/treasurer; executive committee members at large, David Kappan, Greeley, Colo., and Dr. Robert LaDuke, Kalamazoo, Mich. Also serving on the executive committee for the division are Kent Tyler Wardell, Alhambra, Calif.; Gala Saber Brooks, Melrose Park, Ill.; and Steve Sanford, Daytona Beach, Fla.

A proposal was made by Berdell (Pete) Wurzburger, longtime historian and archivist for the Division, and Rick Welsh, which called for the birth of a museum of memorabilia and history of O&M, to be housed at the Maryland School for the Blind. Currently the O&M archives are housed in file boxes in Pete's home in Concord, California. It is anticipated that the museum will contain file cabinets, display cases and photographs, and be available to tourists, historians and researchers. For the museum to be a success, the Division needs money for filing cabinets, display cases, picture frames, photo processing, photo mounting material, etc. It is hoped that these funds can be raised through individual donations, fund-raising events, mobility groups, and the like. Everett Hill's Mobility Rock Opera raised over $400 for the cause! The O&M Division has also received its first individual donation, from Katie O'Connell of Manitoba, Canada. Donations can be made to any member of the executive committee. If you have any items that you feel should belong in the mobility museum (e.g., old canes, photographs, records), send them to Richard Welsh at the Maryland School for the Blind, 3501 Taylor Avenue, Baltimore, Md. 21236.

The O&M Division also decided to develop a new

award to honor relative newcomers for outstanding achievement in the field. The first award will be presented at the 1986 AERBVI Conference in Chicago. The O&M Divison Award Committe is interested in any input you may have regarding the name of the award and selction criteria. Send your comments to the O&M award committee chair, Gala Saber Brooks, 201 Andy Drive, Melrose Park, Ill. 60160.

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November 2-4, 1984, marked the dates of the 2nd annual CAOMS statewide conference. The conference, held at the Pasadena Hilton, represented the culmination of many months of planning by the Southern California Chapter. Over the two days of meetings attendance averaged more than 50 people, and was nearly evenly divided by attendees from northern and southern California.

Saturday's program consisted of morning and afternoon general sessions. First Vivian Carson spoke on the viability of audible traffic signals as an aid to mobility. (Vivian will be working with the Mark Uslan, AFB's National Consultant in O&M, on the design of a national survey to collect information on the circumstances of audible traffic signal installation. Results of the survey will be useful for setting up guidelines for the effective future placement and use of audible signals.) After lunch, Kay Clarke (see Letters to the Editor page) moderated a panel that included Bruce Wallace and Maxine Driscoll—both O&M specialists—and Doris Hug, a physical therapist. The panel discussed the issue of initiating cane use with the young school-age population.

On Sunday, a panel discussion was held on the use of sensory integration therapy with students. Among the panelists were a registered occupational therapist, and a parent of a visually impaired child. The audience found this discussion particularly interesting in that they had the opportunity to hear about the topic from different perspectives.

Along with the formal presentation, CAOMS' members had ample opportunity for informal "shop talk," as well as formal and informal socializing. On Friday evening, before the opening of the conference, Frank Ryan graciously hosted a welcome cocktail reception at his nearby Pasadena home. On Saturday, SCAOMS hosted a luncheon at the hotel. At this luncheon the guests of honor were the parents of Karen Carsel, an O&M instructor working for the Los Angeles County schools who was killed in an automobile accident (See page five). During the luncheon, Karen's parents were presented with a book of memories in which CAOMS members who had known Karen wrote about their reflections and memories of her.

One of the most successful aspects of the conference occurred outside the formal program. In an effort to minimize costs to NCAOMS members, many SCAOMS members opened their homes to host attendees from Northern California. Those who took advantage of this opportunity found the experience enjoyable, as they felt that they were attending the conference with someone, and for many it offered the opportunity to meet or renew acquaintances with people form southern California.

UPCOMING CONFERENCES

LCN readers may recall the report on the Third International Mobilty Conference (IMC3) in the Winter, 1984, issue. The conference took place in Vienna. Nurit Neustadt-Noy, an O&M Specialist working in Israel, is one of the organizers of the Fourth International Mobility Conference (IMC4), which will take place from May 26-30, 1986, at the Hebrew University of Jerusalem. Topics to be addressed will be low vision, early intervention, parenting, the multi-handicapped, guide dogs, research, and programs for the visually impaired in developing countries.

In conjunction with the conference, Nurit hopes to arrange a miniconference for university educators in O&M. For more information, write to Hanah Barag, Conference Secretariat, 12 Shlomzin Hamalka Street, Jerusalem 94146, Israel. *LCN* readers may also address initial inquiries to the editor, *LCN*.

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The 1985 Southeast O&M Association (SOMA) Conference will be held in Birmingham, Alabama, March 20-22. For more information, write to Bill McCloskey, Southeastern Blind Rehabilitation Center. Veterans Administration Medical Center, 700 South 19 St., Birmingham, Ala. 35233, (205) 933-8101.

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VOLUME 4 NUMBER 1 SUMMER 1985

Guide to Dog Guide Schools To Be Published This Summer

A Personal Account of How The Book Was Compiled

by Edwin Eames

In August 1981 I went to the Seeing Eye School in Morristown, New Jersey, to get a dog guide. I had had formal training with a cane but felt that a dog would increase my ability to get around independently. For my regular travel between Philadelphia where I live and New York where I work, a dog seemed to be worth trying. After almost four years of travel with a dog I can say that it has worked for me.

As I continued to work with Perrier, my black Labrador dog guide, I began to incorporate into my network other dog guide users. Among these new friends were Hanan Selvin, a sociology professor at State University of New York at Stony Brook, and Charles Warnath, a psychology professor at Oregon State University. One of the questions we began asking ourselves and other dog guide users was: "How did you choose a dog guide school?" Our own responses as well as those obtained from others shocked us. In most cases the decision to attend a particular school was made arbitrarily, usually due to lack of information about alternatives. We decided to do something about this; the result is our forthcoming book, *A Guide to Dog Guide Schools*.

Conceiving the idea and getting it moving were quite different matters. We wanted the information put out in a form that would make it accessible to the blind and visually impaired. This meant audio tape. We needed to obtain information from all of the existing schools. This meant sighted help. We needed input from graduates of all the existing schools. This meant advertising in all the available newsletters designed for the blind and attending meetings of groups of dog guide users. To do all this we needed a grant to meet expenses.

Where can you go to get a grant to research and write a guide to dog guide schools? We found that there was no single coordinating agency or organization for such schools that could provide this kind of support. We did not want to be identified with any particular school, so using just one as a source of funding was out. How about a pet food company, such as Ralston Purina? They weren't interested. Finally we hit on the right source, a professional organization of veterinarians. We approached the Research Foundation of the American Animal Hospital Association. They were intrigued, then interested, then encouraging. They provided us with a grant to pay for taping 1,000 copies of the book including secretarial costs.

The next step was putting together the research and writing team. To the original team of three, we added Avrama Gingold of Intermarket Research, Inc. as our sighted colleague who could handle many secretarial chores as well as the onus of coauthorship, and Toni Gardiner of Kings Park Psychiatric Center, a person with many years of dog guide work and an impressive store of dog guide knowledge and friends. This five-person team prepared the final product.

Obtaining information from most dog guide schools was relatively easy but time-consuming. Initially we developed an outline of material to be covered in the guide. This went through several revisions and then

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was sent to each school with a request for their criticisms as well as whatever published material was available. We went through the available material and filled in as much of the outline as possible. Then we went back to each school with a series of specific questions about items in our outline that could not be completed using the material sent. In some cases we are still waiting for answers to these specific queries.

At the same time, I had taken on major responsibility for talking with dog guide users who had responded to our inquiries. Initially we were going to use these comments of graduates in our guide. However, it soon became apparent that we could not do so, as most of those who responded raved about their schools. A significant minority were super-critical. I had no way of balancing these views, so we decided not to include them. We also had no way of evaluating the schools. We could not say which were better or worse schools or address the questions: "Are the dog guide schools doing as good a job as they should be doing?"

Then what do we have? We have a volume that should give any blind person considering getting a dog guide a great deal of information about all of the existing dog guide schools in the United States. This includes materials about location and size, application procedures, selection criteria and waiting time for admission, fees, training of dogs and people, breeds used, techniques for matching dog and person, etc. All of this information will have been obtained from the schools. We have no way of evaluating the accuracy of the materials. The value of this part of the book is that any person can easily compare the schools using information that we think is of value in making a more rational and informed decision about the school or schools where they wish to apply.

An additional section of the book is a rather lengthy introduction that will cover the following: a short history of the dog guide movement in the United States, a list of all the schools and locations, what a dog guide can do, the costs and benefits of getting a dog guide, the potential impact of a dog guide on a blind person's life, myths about dog guides, and questions frequently asked about dog guides. In the last two areas we attempt to counter the myths and answer the questions.

We are now near the end of what has been a labor of love. We love our dog guides, we love talking about them, and we love writing about them. We are awaiting the last replies from the most laggard of the schools. We then have to prepare a master tape in a recording studio. Then 1,000 copies have to be made. This all should be done and the tapes ready for distribution on August 1, 1985. It will be on a single four-track tape, half-speech and tone-indexed. These will be playable on Library of Congress players, which we assume blind Americans will have. The cost will be $3.50, and this money will be used to put out additional copies, if needed, and to prepare new editions that will update the information. They will be available from Professor Edwin Eames, Box 511, Baruch College, 17 Lexington Ave., New York, N.Y. 10017. If you have any questions please use this address.

EDWIN EAMES
BARUCH COLLEGE
CITY UNIVERSITY OF NEW YORK

LETTERS

The Southwest O&M Conference

by Bill Bryan and Bob Bryant

The idea of O&M specialists of the Southwest getting together goes back to about 1973. Texas Division IX had just gotten started in a flurry of activity. Testimony was being taken on proposed legislation that would have a far-ranging impact on blind and visually impaired children of Texas (HB1673). Division IX assigned Robert La Duke (then teaching at Stephen F. Austin State University) and Matthew Caldwell (Texas School for the Blind) to give testimony. The Secretary Treasurer Ann Self (Texas School for the Blind) prepared and sent out the first newsletter—an impressive 13-page document filled with details on the legislative state of affairs, including the testimony of La Duke and Caldwell and other items of O&M news. In the midst of this activity the first Texas Division IX O&M Conference was conceived.

To the best of our recollection the real planning took place when a few O&M instructors got together in February of 1974 in Houston with the idea of organizing a informal yearly O&M meeting similar to the Midwest Non-Conference. At that time there could not have been more than about 25 O&M specialists scattered about Texas, a considerable number of whom were Stephen F. Austin graduates. In a state as large as Texas this meant that most of the instructors were very isolated. Naturally, we felt that as a group we needed to get together to share information, talk shop, and have the opportunity to catch up with old friends.

That first conference (and every conference since then) was sponsored by Interest Group IX of the Texas chapter of AAWB (now AERBVI) but was open to anybody interested in O&M. It was held in March 1974 at the Texas School for the Blind in Austin and it was a huge success—just about all of the O&M instructors in Texas attended. Much of the format was informal, with participants sharing information about the programs and settings in which they were working. There were also some formal presentations on the topics of

legislation, low vision, liability, and electronic aids.

For the next three years the conference continued to take place but as a state conference only, with officers coming from Interest Group IX of Texas AAWB. Then, in 1978 at the Regional AAWB Conference in Albuquerque, New Mexico, several O&M specialists from states outside of Texas expressed an interest in attending the Texas O&M conference. As a result, in March 1979 the first regional Southwest O&M Conference was held in Houston. Despite the fact that it was sponsored by Texas Division IX, it was truly a Southwest O&M conference. O&M instructors from Texas, Arkansas, Oklahoma, and New Mexico attended. In 1980 it was held in Dallas, but in 1981 the site was Hot Springs, Arkansas. Since then it has stayed in Texas (1982 in Fort Worth, 1983 in Kerrville, 1984 in Austin, and most recently in Dallas). The newsletter continues to be published on a regular basis.

Today, even though there are over 100 O&M specialists in Texas alone, contending with isolation is still a major problem. Yet looking back to 1973 when Stephen F. Austin graduated its first few O&M instructors, and to 1974 in Houston when the first O&M meeting took place, we cannot help but feel that O&M in the Southwest has come a long way. What started out 12 years ago as a little O&M get-together has become a yearly tradition where enthusiastic and committed professionals representing virtually all of the O&M university training programs and serving every age group come together to share, discuss, listen, and learn.

BILL BRYAN AND BOB BRYANT
STEPHEN F. AUSTIN STATE UNIVERSITY
NACOGDOCHES, TEXAS

The Concept of a Professional Organization

by Robert La Duke

For a number of years professionals in our field as well as those in related fields have asked me why we don't have a professional organization like many other professions. Many reasons come to mind, but the primary one probably relates to our youth as a profession and the fact that one has to learn to walk with support before one can walk unattended. A number of people apparently feel the profession has grown to the point where it can walk on its own.

Our College of Health and Human Services provides small grants yearly for interdisciplinary research, so along with Paul Ponchillia of our rehabilitation teaching program and Steve LaGrow of our orientation and mobility program we applied for a grant to look at professionals' attitudes toward the formation of a professional organization.

We did receive 425 responses, which was a return rate of approximately 43 percent. Paul, Steve, and I would like to thank all of you who took time to help us out. You might also be interested to know that we received a number of letters from people in the field who somehow felt that this survey was an effort to undermine the development of AER. This was obviously not the case, since I have been a strong supporter of that concept for years. I would also like to thank those people for taking their time to demonstrate a real concern for our field. It is nice to know that there are people out there who really care about the blindness field and their membership organization.

In addition to the primary dependent variable—the perceived need for the proposed professional organization—we also looked at a number of population characteristics as independent variables. These included such characteristics as age, sex, type of profession, type of training (graduate or undergraduate), number of years employed in the field, and type of employment setting. We were not able to find any statistically significant relationships between the dependent and independent variables.

In looking at the perceived need for a professional organization we used a five-point continuum ranging from strong agreement to strong disagreement. For purposes of this discussion I have collapsed the strong agreement and agreement categories in figuring the percentages. The following are the statements that support the rationale for a professional organization in the field of blind rehabilitation. The percentage of respondents who agreed or strongly agreed with each statement is indicated in parenthesis.

- We need an efficient means of administering the certification process. (92%)
- We need to have certification bestowed by our peers rather than a board elected or appointed from the general membership. (83%)
- We need to have a professional organization to enforce a code of ethics for rehabilitation teachers and orientation and mobility instructors. (84%)
- We need a professional organization that will accept responsibility and liability in matters concerning enforcement of a code of ethics. (85%)
- We need a professional organization to provide active lobbying for the interests of rehabilitation teachers and orientation and mobility specialists. (93%)
- We need a professional organization to provide leadership in questions regarding university accreditation. (91%)
- We need a professional organization to elevate the present standing of rehabilitation teachers and orientation and mobility instructors to that of other professionals presently organized and represented by autonomous organizations. (90%)

Other significant results were the responses to the following statement:
"I would be interested in joining a professional organization of rehabilitation teachers and orientation and mobility instructors if":

- My present standing in regard to my current AAWB or other relevant certification is honored. (94%)
- I have a voice in the formation of certification standards, code of ethics, and enforcement procedures that will directly affect me. (94%)
- There is a means to recall officers, rescind rules, or effect changes in the rules that govern me. (94%)
- The cost of belonging to this organization is not prohibitive to my continued participation or recognition in or by this organization. (95%)
- The proposed professional organization does not eclipse or in any way undermine AAWB, AEVH, or the Alliance. (95%)
- The formation of this organization does not jeopardize my continued professional participation in this field in any way. (96%)

In retrospect, I wish we had asked some questions differently. One problem creating a great deal of difficulty for professionals in the field was the certification process, but AER now appears to have that well-organized, so that response might be different today. However, it does appear that respondents have a strong interest in the concept of a professional organization, so long as it does not in any way undermine AER.

Other problems mentioned will persist because of the nature of being involved in a membership organization. Such problems as difficulty in upgrading certification standards in some divisions, enforcement of the Code of Ethics in O&M, official certification given by persons not members of our profession, and the lack of a strong lobbying force specifically geared to us will probably continue to exist.

On the basis of this survey, I would suggest that each state and regional group begin to provide opportunities for dialogue on this topic during the next year so that at the AER Chicago convention informal and maybe formal discussions might take place. At least we could begin to look at the pros and cons of the issue. Perhaps the concept of a professional organization such as those in social work or occupational therapy are not right for us. It is possible that we could develop a modified version, or perhaps the whole concept should be discarded.

I would be happy to hear from anyone who has ideas on either side of the question so we can begin formulating various viewpoints on this issue.

DR. ROBERT LA DUKE
DEPT. OF BLIND REHABILITATION
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KALAMAZOO, MI 49008

Rural O&M

by Jerold Tucker

Just what is the role of the O&M specialist in a rural setting? I first asked myself that question in 1980 when I was an O&M student at Boston College. To get a feel of what it might be like to travel in a rural environment, I put on my occluders, grabbed my cane, took a friend, and headed for a suitable rural environment.

Perhaps my most noticeable impression was one of fatigue. Conventional cane technique contributed much to this and soon gave way to modification. It seemed much more effective and comfortable to grasp the cane with all fingers wrapped around the grip rather than to extend the forefinger. I found wrist movement to be less effective and more fatiguing than a lateral arm-swing in a sweeping motion.

While following a road or a trail independently or in tandem with a sighted guide, I was very exhilerated. I found that I wanted to become involved rather than simply travel from point A to B. Perhaps too much emphasis has been traditionally placed on the visual pleasures of nature's colors, form, and movement. However, being with an understanding and perceptive guide not only helped me to form a mental image, but also added to my feeling of security. As the environment was described to me, its visual reality was usually heightened by my imagination.

Now that I have been working as an O&M specialist in rural Maine for the last five years, I have direct experience to add to that initial blindfold experience. I have found that it is necessary to understand the lifestyle of the rural dweller. My instruction is often structured around farm chores such as splitting and gathering firewood, loading and unloading supplies, planting crops, and harvesting. My experience has shown that rural living often implies poverty. In many cases I am the client's only contact with the bureaucracy that rules the lives of poor rural dwellers. They need food stamps, welfare, social security, etc. I have found that O&M specialists must not become so involved that clients are overly dependent on them.

I am also the client's one and only contact with all the services of the field of blindness. Consequently, I am involved with duties that go beyond O&M, i.e., home management, informational counseling, providing education about eye care and low vision services, and developing community awareness about blindness.

Rural O&M is survival-oriented, especially in the winter when the weather is so unpredictable. There are not that many landmarks in rural settings to begin with. Snow and wind obscure what is available. The result is that it is easy to get lost, and unless you know what to look for and you are appropriately clothed, it is dangerous, too.

Finally, on a professional level, isolation is a major problem. If you work with a rural caseload, it is important to keep in touch with other O&M specialists who may live far from you but who face similar problems. I for one would welcome hearing from you about your experience in teaching rural O&M.

JEROLD TUCKER
STATE OF MAINE
DEPT. OF HUMAN SERVICES
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CARIBOU, ME

A Mobility Support Group

by Sutha Phillips

Consider for a moment the merits of having a mobility support group for your blind or visually impaired clients. Five years ago, when I lost my sight, I was not aware of the existence of such people. This past year, several people met once a week for an hour at the Canadian National Institute for the Blind and talked openly and freely about their feelings and experiences with mobility and being newly blind.

First of all, let me explain that this support group was for blind or visually impaired persons only. We therefore eliminated any feelings of intimidation that may have existed if sighted people were present. Sighted people profess to understand, and in many cases they do understand; but until you actually lose your vision, you can only empathize.

At first I was either afraid or embarrassed to ask a sighted person about anything. You are assigned a mobility instructor who is going to teach you how to travel safely. This person is also a complete stranger to you. How do you know you can trust this person? Who can you trust? This was my life they were working with. I do not think anyone who was sighted ever seriously understood all of my fears. I also felt that I was the only blind person who had so many fears. What a relief to attend a group meeting with only other people who were in the same situation as I. I discovered there were others who had as many fears as I had.

We would discuss problems that occurred during mobility, complications involved with daily living skills, and anything else that was presenting a problem for any of us. We shared with each other the ways we handled different situations. By sharing our experiences, by suggesting a better way to overcome a fear, we all were motivated to do better. Of course, if people had problems that no one could help them with, we would get them to talk to one of the instructors and try to solve it.

If you decide to start a mobility support group, I guarantee that you will get such positive feedback that you will wonder why you didn't do it long before. If you need any help getting started, feel free to get in touch with me or with Lesley Crader, Supervisor of the Community O&M Department at the Canadian National Institute for the Blind, Ontario Division (1929 Bayview Ave., Toronto, Ontario M4G 3E8, Canada).

Give it a try.

SUTHA PHILLIPS
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LANDMARKS

Reach Out and Teach: Materials for Parents of Visually Handicapped and Multihandicapped Young Children by Dr. Kay Ferrell, AFB National Consultant in Early Childhood, is hot off the press and available from AFB. It is designed to meet the training needs of visually handicapped and/or multihandicapped infants and preschoolers. The materials are based on a survey of parents, blind adults, teachers, and teacher-trainers that established priorities for what parents needed and wanted to know about their young visually handicapped children. The materials were field-tested over a two-year period through correspondence and by holding six parent workshops across the country.

The *Parent Handbook* is a seven-chapter overview of early child development and activities and training techniques in all areas of motor and cognitive development (272 pp., 80 photos). The *Reachbook* is a companion workbook, cross-referenced to the handbook, for parents to enter information in and keep records of their children's progress (176 pp., 20 illustrations, three special activity cards). The *Handbook* and The *Reachbook* are available as a set for $25.00.

Also available are a series of eight slide tape presentations illustrating many of the concepts in the *Handbook* and a *Teacher's Manual*, to help teachers adapt the materials to their own work (slide tapes and manual available as a set for $150.00).

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Anne Breaux-Brown and Sylvia Leggett, O&M specialists with the Louisiana School for the Visually Impaired, were concerned about introducing cane instruction to preschool blind children. They put together a questionnaire that asked O&M instructors questions about when (i.e., at what age) they introduced the cane and under what circumstances the cane was used. They surveyed preschool and residential school

programs that provide O&M services ($n = 75$) in the U.S. Of the 40 O&M specialists who responded, approximately one-third use the cane extensively, one-third occasionally, and one-third never introduce the cane. For more information on what they found, write to either Anne Breaux-Brown or Sylvia Leggett at the Louisiana School for the Visually Impaired, Baton Rouge, LA 70821.

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Bill Bryan of Stephen F. Austin State University has videotaped students in the SFA program during blindfold training for the purposes of going over problems encountered during the training process. Together with colleague Bob Bryant they have found the tapes to be very useful in teaching residential sidewalk travel, including driveway recovery techniques, residential street crossings (including corrective procedures for veering), residential route planning, introduction to business district travel, including recovery from gas stations and parking lots, and traffic-controlled street crossings. Bill takes the blindfolded student out on the lesson, and after the lesson is over they review the videotape relevant to that lesson. For more information about the use of videotapes in training university O&M students contact: Bill Bryan, Stephen F. Austin State University, Box 13019, Nacogdoches, TX 75962.

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At the University of Northern Colorado in Greeley, Terry Denistan recently joined Dave Kappan to work on a three-year grant to train O&M specialists to work with preschool and multiply handicapped students. Terry graduated from Peabody College/Vanderbilt University and has taught O&M at the Missouri School for the Blind and in the Minneapolis-St. Paul public school system. Dave is currently on sabbatical in New Zealand and will return this summer.

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A project studying orientation and mobility services in Florida and throughout the nation has recently been completed. Its main product is a manual to assist Florida districts in the provision of O&M. Among other topics, the manual addresses O&M assessments, O&M instructional resources, media and materials, and O&M delivery and funding options that could be used in the state of Florida. In addition to the information contained in the manual, a videotape was developed for the purpose of familiarizing parents, administrators, and regular educators with orientation and mobility and the types of equipment (i.e., cane, monocular) used in O&M lessons.

Both of these products are available through: Pam Luppert, Clearinghouse Specialist, FDLRS Clearinghouse Public Schools Resource Center, Knott Building, Tallahassee, FL 32301, (904) 488-1879. The manual will be available for the cost of printing and the videotape will be available for loan.

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Orienteering & Mobility is a quarterly newsletter that is distributed free of charge to anyone interested in the promotion of orienteering for persons with disabilities. The newsletter is funded by the Department of Health and Human Services as part of a project on increasing the participation of individuals with handicaps in the sport of orienteering. It is published through the Harry A. Waisman Center on Mental Retardation and Human Development, 1500 Highland Ave., University of Wisconsin, Madison, WI 53705-2280. The editors are Susan Riley, Leonard Ross, and Bruce B. Blasch.

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Mary O'Brien, O&M Specialist with the Virginia Department for the Visually Impaired, recommends using client-made tactual maps and client-taped directions to go with the maps as an effective technique in working with blind persons who are route travellers only. First, she has the client select a familiar route. Then, as they walk the route together, the client puts the directions on cassette tape. With prompting from the taped instructions, the client then makes a map using Play-doh on poster board. With the map, Mary is able to identify conceptual problems, discuss them, and make corrections. After review, the client walks the route a final time to make sure the corrections are understood. Using this "cognitive mapping" approach over time, Mary finds that the taped directions become more complete and accurate and the client is better oriented. For more information write: Mary O'Brien, Virginia Department for the Visually Handicapped, 1809 Staples Mill Road, Suite 101, Richmond, VA 23230-0030.

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Gerry Shier, former orientation and mobility instructor at the Texas School for the Blind in Austin, announced at the O&M business meeting of the Southwest O&M conference (see Conference Report) that he recently accepted a job with Sensory Aids Corporation as their marketing and training specialist for the Southeast. Gerry encouraged participants to sign a list if interested in training with the Sonicguide or Mowat and welcomed phone calls concerning any problems in training students. Gerry's business phone is (512) 452-5180 in Austin, Texas.

CONFERENCE REPORTS

On April 28–29, 1985, in Dallas, the Texas AER O&M Division held its annual conference (also known as the Southwest O&M conference; see Letters to the Editor). The conference was a lively one with varied presentations covering topics such as motivation, understanding parents, and orienteering. There was plenty of discussion, interaction, and socializing.

Rose Carroll, Project manager of the Professional Development Centers of the San Antonio Educational Service Center, gave a presentation on "Motivation—A Technique for All Ages." According to Rose, motivation is not usually a problem for elementary age children—they are easily turned on to learning. Often, motivation first becomes a problem in about fifth grade and becomes more serious as the child enters adolescence. Rose defined motivation as learning processes that arouse or instigate behavior, give direction or purpose to behavior, cause behavior to persist, and result in positive choices for future behavior. The message of her presentation was that you must plan to successfully motivate. She suggested that we ask ourselves the following six questions to help us plan:

1. How can I give the individual a positive attitude toward himself and O&M?
2. How can I meet the individual's needs for safety and self-esteem?
3. How can I stimulate the individual to engage in practice?
4. How can I make the climate for the activity positive?
5. How does the activity give the student confidence?
6. What is the reinforcement that the activity provides?

Finally, if you do not succeed, try another way, and another way. . . . As a resource Rose suggested *Motivation and Teaching: A Practical Guide* by Raymond Wlodkowski, National Education Association, 1978.

Bill Koehler, Principal of Elementary Education at the Texas School for the Blind, showed a very revealing videotape that was part of a staff development program at the School. The topic was working with parents, and the focus of the tape was a parent panel answering staff-generated questions. What came through loud and clear was the frustration and even anguish that parents experience when professionals casually throw around clinical labels such as blind, mentally retarded, emotionally disturbed, etc. Often parents first encounter such labels in the IEP meeting where the full impact of their child's handicap is brought home to them. It seems that the experience of hearing their child discussed in this manner and then being presented with paperwork documenting the discussion can be devastating. For many parents it is the first time they feel the impact of reality. One parent said that it felt as if a piece of paper was "shoved" in front of her stating that her child was defective. The implication for professionals is that what appears to us as clinical detachment can often appear to parents as callousness. For more information on what Bill learned or for information on developing a parent involvement seminar, contact Bill Koehler, Texas School for the Blind, 1100 W. 45th St., Austin, TX 78756.

Most of us have heard about orienteering, a timed cross-country race in which the participants use a map and a compass to plan the most efficient route between checkpoints (controls) on an unfamiliar course. Dr. Mike Bina, Principal of the Secondary School at the Texas School for the Blind (and an O&M specialist by training), discussed ways of adapting the orienteering concept by varying the physical and mental demands of the course for blind individuals of different ages and abilities. Mike stressed that although orienteering is a recreational activity, it is also a superb educational activity for blind youngsters learning O&M skills. He referred the audience to two resources: a newsletter called "Orienteering and Mobility" (see Landmarks p. 6) and a book on learning: *Learning Together and Alone: Cooperation, Competition, and Individualization* by David W. Johnson and Roger T. Johnson (Prentice Hall, Inc.).

The real challenge in orienteering is not the theory but the practice of actually running an orienteering meet for blind persons. Mike suggested that for the next year's Southwest O&M Conference the group should train blind students, bring them to the conference and hold a real orienteering meet. The response was overwhelmingly positive. In an enthusiastic group-brainstorming session a committee was formed to organize for the meet, which will take place next spring at the Texas School for the Blind in Austin.

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The 1985 Southeast O&M Association (SOMA) Conference was hosted by the Veterans Administration's Southeastern Rehabilitation Center (SBRC) in Birmingham, Alabama, March 20–22, 1985. As an O&M conference, the Birmingham SOMA rated with the best, especially in terms of professional content. Birmingham SOMA also kept alive the SOMA tradition of plenty of informal socializing, a lot of laughter, and loads of plain old fun!

Judy Hayes, O&M specialist at the Alabama School for the Blind, and Terry Woolsey, occupational therapist (OT) who provides consultation to the school, gave the gathering a model for developing a joint O&M/OT relationship. Judy stated very candidly that three years ago she began teaching O&M at the School for the Blind with very little knowledge of child development. She found herself dealing with children who had what appeared to be very serious concept deficiencies. Over time, and through exposure to Terry's work, it be-

came clear to Judy that she was encountering basic sensory integration problems. Judy also found that there was common ground for communication between Terry and herself. By comparing evaluative tools, Judy noticed that many O&M/OT differences in evaluation of skills and performance were merely semantic; i.e., Judy used terms such as body awareness, laterality, and directionality, while Terry used neuromuscular terms such as body schema, reflex integration, and range of motion. Together, Judy and Terry jointly developed an OT referral form that communicates to Terry what areas Judy thinks are appropriate for OT assessment.

After Terry conducts her OT evaluation, she fills in a "prescription form," a list of exercises and activities that Judy incorporates into her O&M program. Thereafter, Judy reports back (on a weekly basis) and through joint consultation, as needed, the child's progress and program plan are monitored and updated. For more information and for copies of the forms, write to Judy Hayes, Alabama School for the Blind, P.O. Box 698, Talladega, AL 35160.

Sandra Rosen, a Peabody College/Vanderbilt University doctoral student who is both an O&M specialist and a licensed physical therapist, discussed good posture, why it is important, and how to achieve it. Good posture is necessary for maintaining good circulation, appearance, and function of internal organs. It is correlated with accuracy and efficiency of movement, strength, balance, good timing, rhythm, and coordination. Good posture also decreases the likelihood of developing back pain, arthritis, and other joint disorders. Improving posture can involve athletic activities such as tumbling and trampolining (provides kinesthetic input), ice-skating (emphasizes equilibrium and graceful movement), fencing (depends on footwork and postural form), and skiing (provides kinesthetic stimulation, equilibrium, and proprioception).

A report on the project "Mobility of Low Vision Pedestrians" sponsored by the National Institute on Handicapped Research, was given by four doctoral students from Peabody College, Vanderbilt University. After an overview of the research by Sandra Rosen (the project coordinator), Richard Long described the use of contrast-sensitivity measurements in persons with low vision. George Zimmerman shared videotapes of travel performance of low vision subjects and described the measures of behavioral performances used in the study. Chuck Taylor discussed the use of a secondary task during pedestrian travel as a means of measuring the relative degree of mental effort required by low vision subjects to travel safely when encountering specific travel situations.

Constance Cohen and T.R. Bice of the Auburn University System's Facilities and Information Network Development (FIND) Office discussed a research project on the relationship between mobility skills of blind individuals and aptitude for computer programming. The project is based on the theory that the "linear" logic needed for successful mobility is the same as that required to prepare flow charts necessary for programming. Flowcharting is a measurable demonstration of a programmer's use of logic in solving a problem. Students in a data processing course are taught the symbols used in flowcharting and are stimulated to break problem-solving down into primary-level, detailed steps. In fact, data processing instructors traditionally use as their first exercise in flowcharting an example such as: "Imagine you are on a curb at an intersection. Identify the steps you must go through to get across the street to the other curb."

This logic is linear in nature and therefore can be exhibited in a straight-line flowchart. One data processing student who is blind expressed it in this way: "The same logic I use to figure out how to get from point A to point B before taking my first step is what I need to figure out the solution to a problem through programming."

Constance and T.R. are interested in compiling O&M assessment instruments for their research and invite interested O&M instructors to contact them at: FIND, Rm 502 Library Tower, Auburn University at Montgomery, Montgomery, AL 36193-0401.

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In a presentation on the Peabody/Vanderbilt University Pre-School O&M Project, Dr. Everett Hill, Principal Investigator, discussed his expanded definition of O&M, which encompasses teaching preschoolers (see the article by E. Hill, et al. in *Education of the Visually Handicapped,* volume XVI, no. 2, 1984). Everett then introduced the project staff, Bruce Smith and Bonnie Dodson-Burk, who briefed the audience on the progress of the project to date. Bonnie outlined an assessment procedure for preschool children that is in the early stages of development. Some of the areas to be included in the assessment are sensory awareness, motor development (gross and fine), formal O&M skills, body image, spatial concepts, and laterality. It also will evaluate the child's environment for such factors as illumination, contrast, and color. Bruce discussed the direct service components of the project — the classroom and the home-based program. The approach being taken is to blend the teaching of O&M skills within the context of an early childhood classroom curriculum and within the context of the home environment, involving family members.

In a session devoted to open dialogue, many issues were aired. Atlanta O&M specialists expressed concern about accessibility of their city's rapid rail system to blind and visually impaired persons. After dis-

cussion about the problem, participants suggested to Mark Uslan, AFB's National Consultant in O&M, that AFB should consider organizing a conference on rapid rail and O&M in Atlanta. A number of the participants recalled the well-attended AFB conference on travel in inclement weather held in Minneapolis a number of years ago and felt that rapid rail would similarly attract a large number of O&M specialists. (LCN readers are encouraged to contact Mark at AFB to provide comment on the idea.)

The most unusual presentation of the conference had to be the humorous slide presentation given by the O&M staff of SBRC. Entitled "The VA Way—A Novel Approach," the presentation highlighted the difficulties imposed on the O&M staff by drastic federal cutbacks. Take the vehicles they drive. In a move designed to save thousands of dollars, the O&M department has given up their fleet of Rolls Royces and drivers for more fuel-efficient Mercedes. Another cutback actually affects the health of each instructor. As you can imagine, in the heat of the summer in Alabama, replenishing bodily fluids is of paramount importance to the O&M instructor. Those poor folks working at the VA will no longer have Dewars, Chivas Regal, or J&B available from the van attendant. A brighter note was provided by the new technological advances developed at the SBRC, such as neurologically activated turn signals and air bags for the blind cane traveller. By the end of this presentation everyone was rollicking with laughter.

Next year's SOMA will be hosted by the Mississippi School for the Blind, Jackson, Mississippi.

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At a recent Upstate New York AER O&M Division meeting, Diane Dejong, O&M specialist with The Community Mobility Program (CMP), a component of the Genesee Transportation Council, discussed her experience teaching O&M to non-visually impaired persons. CMP serves anyone who has a "transportation handicap." Among other things, Diane told her of her unique experiences teaching a person who suffers from agoraphobia (a fear of open spaces). This intense phobia can result in confinement to the home because of the fear of experiencing a panic attack in public. For more information about CMP and Diane's unique O&M experiences, write to her at the following address: Diane Dejong, Community Mobility Program, Genesee Transportation Council, 65 West Broad St., Rochester, NY 14614, (716) 232-6340.

After we went to press with this issue of the Long Cane News, the Upstate New York O&M Division held a spring orienteering conference. For more information, contact Division Chairperson, Sue Herman, 99 Park Ave., #7, Rochester, NY 14607.

UPCOMING CONFERENCES

The Annual Mid-West Orientation & Mobility Non-Conference will be held in Iowa on September 27 and 28, 1985. Friday night's program, as well as lodging, will be at Iowa's historic Amana Colonies. Established in 1854 as communal villages, the colonies offer a nostalgic look into the past. Saturday's program will be held at the Iowa Braille & Sight Saving School in Vinton. Tentative topics for the conference so far include "Providing Mobility Services in a Rural Setting," "Utilizing Computers in Mobility Instruction," and demonstrations of new electronic travel aids. If anyone wishes to be added to the mailing list, has any questions or suggestions, or is interested in presenting a program at the non-conference, they should contact one of the following people:

LUANNE LANGSTRAAT
IOWA BRAILLE & SIGHT SAVING SCHOOL
1002 G AVENUE
VINTON, IA 52349
(319) 472-5221

BRUCE McCLANAHAN
AREA EDUCATION AGENCY #6
210 S. 12th AVENUE
MARSHALLTOWN, IA 50158
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The Crisis in O&M Manpower

by William Wiener and Mark Uslan

We are deeply concerned that a growing shortage of O&M practitioners could, in the near future, result in a serious reduction of services to visually impaired consumers. Data collected at AFB suggests that we graduate approximately 30% fewer practitioners today than we did in 1980. When we add to this the fact that the U.S. blind population is projected to grow by 12% through 1990 and that the number of new mobility positions and replacement positions is not showing signs of diminshed growth, the inescapable conclusion is that we may be facing a shortage which could severely restrict services in the future. It is important that the field of O&M take the initiative in addressing our manpower problem now so that we can continue to provide quality services in the future.

The field of O&M actually began as a response to an extreme shortage of trained manpower to work with the war blind. The Valley Forge program and its successor at Hines Veterans Administration Hospital taught us that an intensive program which emphasizes both blindfold instruction along with psychosocial components of training is necessary for producing well-qualified practitioners. We found in the late 1940's that observers of this system could not replicate the program with any short-term training. The many representatives of agencies who visited Hines and tried to carry away with them the "seeds" from which to develop similar programs were unable to do so successfully. The training programs which evolved from these observations lacked the comprehensive approach which was applied at the V.A. It was only with the advent of the university training programs in the 60's, that we found a means to educate a large number of practitioners who could provide the quality instruction previously available only through the Veterans Administration.

The graduates of the university programs have proved to be extremely effective and have expanded the market for more instructors. Thus, throughout the 1970's the number of university training programs expanded in an effort to keep pace with the demand for qualified instructors. Yet the balance between supply and demand has always been tenuous. Beginning in 1980, the federal government initiated cutbacks in university budgets which resulted in a reduction in the number of practitioners that the universities could

TO OUR READERS

Airing professional issues in O&M is an important task of the LCN. The lead-off piece in this issue is a letter by Bill Weiner of Cleveland State University and I, exploring the consequences of a manpower shortage in O&M and a call by some administrators for the use of paraprofessionals to solve this shortage. We hope you will respond to our comments by writing in your thoughts on the subject. In fact, as Division IX members, Bill and I would like to see this article along with your input serve as a springboard for a position paper on paraprofessionals which is to be developed by AER Division IX.

MARK USLAN, EDITOR
LONG CANE NEWS

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graduate. University educators have worked together to maintain federal support for their programs but have still experienced cutbacks. In an economic climate where human service budgets are declining, and competition is increasing over how to apportion what money is available, full support of the universities has been extremely difficult to achieve.

We now find some administrators questioning if our universities can continue to meet the O&M manpower needs of blind consumers. Some administrators are calling for the development of paraprofessionals, or aides who will be taught to provide training which may not require the judgement and skill of the AER-certified O&M specialist. They view this approach as a solution which would ease the manpower shortage. Some of these administrators are suggesting that agencies become directly involved in training paraprofessionals and others are suggesting that training take place at community colleges.

The paraprofessional issue is not a new one and it is possible that it will always resurface in times of manpower shortage. In the early 1970's Bob Scheffel initiated a study to explore the potential use of paraprofessionals in mobility and rehabilitation teaching. Scheffel initially intended to train the aides to provide basic skills in O&M. Problems arose when agencies that sponsored the students suggested a much broader role for the paraprofessionals. Some agencies suggested that the aides be used to provide services all the way from familiarization to monitoring outdoor lessons with advanced travelers. By the late 70's it appeared that the issue had faded away because a surge in the number of graduates from university training programs was able to keep pace with the demand for instructors in the field. The success of these instructors along with their availability resulted in a diminished need for paraprofessionals and consequently most attempts at training paraprofessionals ceased.

In order to be proactive rather than reactive on this manpower issue, we need to discuss the problems we face now before we run out of time; We need to generate positions and we need to explore alternative solutions which may be available. We can begin by questioning if such a drastic solution as the training of paraprofessionals is required at this time. Certainly, in a dire emergency where no other solutions are possible, we would have to be open to the idea. But have we reached a shortage so severe that it would warrant developing paraprofessional training programs? Clearly we need to document just how severe the current shortage is. Other questions need factual answers too. How many positions are going vacant and how long have they been vacant? Is the manpower shortage a phenomenon found only in specific geographic areas or is it a widespread problem affecting the nation as a whole? Do the agencies and schools that currently have openings have other mobility specialists on staff (an important question when supervision of paraprofessionals is considered)? What other alternatives besides paraprofessionals are available to us?

A formalized role for paraprofessionals, we believe, is a step backwards in our quest to provide the best possible service. Over the years we have seen that our manpower needs were best met by fully trained university instructors. While there have been some specific instances where paraprofessionals have been helpful in providing services, we feel that it is best to prepare fully trained instructors who are able to offer all the necessary services rather than to compartmentalize services by requiring fully trained mobility specialists to provide advanced services and mobility aides to provide basic services.

When paraprofessionals have been utilized, they have most often been given the responsiblity of teaching such skills as sensory training, concept development, spatial orientation, physical conditioning, and pre-cane basic skills. The client works with the mobility aide in one or more of these areas and then graduates to work with the mobility specialist. The drawback to this approach is that it leads to a weakening of the student-teacher relationship. Our colleagues in the counseling professions have taught us that often the most significant element in the helping role is the relationship that is developed between the "helper" and the "helpee." The client begins to trust the helper and is motivated to work with him or her. In *our* profession the relationship between client and instructor is also of paramount importance. As instructors we ask our students to perform tasks which seem life-threatening and at times impossible. Often clients participate in the O&M training process primarily because they trust our genuine concern for them. Thus it is the relationship itself which is our most powerful tool. This relationship is developed gradually as the instructor and student work together on the preliminary skills. In our opinion, separating the various components of the program so that paraprofessionals can contribute would weaken the relationship between the principal instructor and the student.

We also feel that a division of services would result in a loss of confidence on the part of family members toward the instructor. Currently family members can talk with the mobility specialist and feel confident that the instructor is fully able to comprehend the needs of the visually impaired individual. When service is divided among a greater number of lesser prepared instructors confidence of the family suffers and in turn the trust of the client may diminish.

Compartmentalizing services has other disadvantages. Often when a client begins training, he has set

limited goals for himself. The O&M specialist's job is to respect the goals of the client and at the same time evaluate the client's potential to become a more fully independent traveler. Judgment of potential unfolds as the client begins learning basic orientation skills. Often the instructor sees glimpses of promise that may lead him to encourage the client to consider more encompassing goals. This récognition of potential in the student requires a comprehensive understanding of the demands and skills that are necessary for advanced travel. The paraprofessional would not have the background or training to fully evaluate the client, recognize potential, and foster this growth.

Furthermore, it is often necessary to integrate the various components of orientation with active travel instruction. Spatial orientation and concept development take on new meaning when they are taught in conjunction with actual independent travel. Students who are taught this way begin to realize the importance of classifying and organizing the environment to predict regularities and plan routes of travel. Isolating these components may adversely affect their progress.

In addition, the pressure to serve as many people as possible might result in the assignment of paraprofessionals to those individuals who are progressing the most slowly. The multiply handicapped and the aged who need additional time might be assigned exclusively to paraprofessionals. These individuals, however, are the ones who need the most advanced level of services. They require the skills of the most highly trained instructor. We would hate to see "the rich get richer and the poor get poorer."

While the paraprofessional may initially have clearly limited responsibilities, his role may expand as the pressure for service intensifies. The aide who is assigned to teach only beginning skills may be asked by the administration to take on the responsibility of overseeing the client while he "practices" the skills taught to him by the principal instructor. The problem arises when the client experiences difficulty and turns to the paraprofessional for suggestions. It would not take long before the paraprofessional would find himself involved in active travel instruction without the necessary preparation to teach adequately.

There are also problems with regard to where paraprofessionals should be trained. Currently we depend on a small number of universities to supply our country with needed personnel. To fill the jobs available, graduates of these university programs must be mobile and seek jobs in various parts of the country. Paraprofessionals, who earn lower salaries, tend to be less mobile because they cannot afford to move their households very far and gravitate to local work. They tend to inundate the areas near their training, and if they have been trained near a university training program, they add to the overabundance of qualified instructors who remain near the university.

Depending on agencies and schools to train paraprofessionals brings up another set of problems having to do with variation in training provided. Some agencies would no doubt provide comprehensive training while others would not. The responsibilities of the aides might also vary according to the philosophy of the agency or school where they were trained. What organization would monitor the training of these individuals to provide assurance of competence? We most likely would have to turn to state licensing for regulation and thus relinquish control over the process. It also bears keeping in mind that many of the schools and agencies that are having difficulty attracting mobility specialists do not have even one certified mobility specialist on staff to train and/or supervise a paraprofessional.

We believe the preferred solution to the shortage of O&M manpower is to encourage the universities to graduate more mobility specialists. The problem is that it is difficult to interest university administrations in investing in blind rehabilitation programs when they are so expensive to run. We can start by intensifying lobbying efforts at restoring funding to university training programs. We will also have to look at some new training models which will reduce the cost of university programs without sacrificing the quality of instruction. The development of more dual programs may help. Since program cost drops in proportion to the number of students enrolled in the core courses, O&M programs which share a common core with such other professions as special education, social work, rehabilitation, etc. will be less expensive to run. At the same time they prepare practitioners who are broader in their orientation.

It is also essential that we find ways to increase the number of students that an O&M university program can graduate in a year. Currently, most programs face a bottleneck when students reach the blindfold/visual simulation courses. Typically, a university instructor works with only one or two students at a time, thus greatly limiting the number of students who can participate in the program. To accomodate greater numbers of students we may want to consider altering the experience by taking slightly larger groups out into the training environment. The instructor could demonstrate the techniques and then have students pair off and work together while the university instructor circulates between the groups. Another way to relieve the bottleneck is to hire part-time instructors to teach the blindfold/visual simulation courses. There usually are a large number of mobility specialists practicing in areas where university programs are located. They can serve as a source of experienced yet relatively inexpensive manpower.

In order to increase the number of O&M graduates, we must have a sufficient supply of students who are interested in entering the profession. Some of the university programs are finding that there are fewer students interested than there were in the past. This problem can only be solved with an aggressive campaign to make more people aware of this profession. Presently, AER is cognizant of the problem and has voiced a commitment to produce recruitment materials which will highlight careers in O&M, rehabilitation teaching, and special education. Funding is being sought to develop a recruitment package that would include a film, brochures, etc. AER is also exploring the use of "Info-Disk," a new concept being used in college recruitment, which presents career information to high school students through video disk.

Many of the above ideas, if implemented, might help solve the long-term manpower problems of our profession. We must, however, address the current needs of the field as well. We are all familiar with stories of a surplus of instructors in some areas while in other areas positions go begging. One state agency is solving this problem by supporting employees while they get their mobility degree. Another approach which has proven successful recently has been the hiring of mobility interns while they are finishing their internships. We know of an administrator who negotiated with a university to send a student to his agency for a paid internship placement with a commitment to remain after graduation.

We also know of an O&M specialist who was, at first, shared by two small agencies in neighboring counties. This approach enabled two growing agencies that could neither afford nor attract two full-time O&M specialists to pool their resources and at least share the services of one instructor. Eventually the agencies were each able to secure full time O&M specialists.

These are some ideas that we believe should be examined. We are interested in your comments regarding paraprofessionals and other solutions to the shortage of O&M specialists. Individuals wishing to express opinions, please address your comments to the *Long Cane News*. Your input will be used by the Professional Issues Committee of Division IX to develop a position paper.

DR. WILLIAM WIENER, CHAIRMAN
AER PROFESSIONAL ISSUES COMMITTEE

MARK USLAN, MEMBER
AER PROFESSIONAL ISSUES COMMITTEE

LETTERS

The History of the International Mobility Conference

The International Mobility Conference (IMC) was initiated in 1979 by Jochen Fisher and I while we were both employed at the German Institute for the Blind in Marburg, West Germany. At that time O&M in Germany was in its infancy. In order to get concrete information on O&M to the superintendents of the schools for the blind in Germany, the director of the Institute, Jurgen Hertlein invited all the administrators to a meeting in Marburg. At my suggestion he also invited Dr. Richard Welsh to speak to the group (Rick had just become Superintendent at the Maryland School for the Blind).

In an effort to make the most out of Rick's visit, we first considered a regional meeting of all instructors in Germany. One idea led to another until we had a plan for a conference open mainly to practitioners in O&M from European countries. Our intent was twofold: to use Rick as a resource on establishing the state of the art in the USA and: to gather information on the development of O&M from as many countries as possible. We hoped to gain some additional prestige for the field of O&M in Germany through the publicity of the Conference. This type of support for the development of O&M in the host country continues to be a goal of IMC today.

That first IMC was held in Frankfurt, organized by the Mobility Center of the German Institute for the Blind under Director Hertlein and funded by the organizations of the blind in West Germany. A total of 92 participants from 15 countries attended. At IMC 1 the Steering Committee was expanded to include representatives from England, Holland, Finland, France, Austria and together with Jochen and I, the Committee began to get organized for IMC 2. Dr. Claude Chambet and her staff at the O&M Center in France took on the planning of IMC 2 which was held in UNESCO Paris in 1981. At this conference Bruce Blasch gave the keynote adress on his then developing generic O&M program. Attendance at IMC 2 reached 165 participants from 19 countries.

IMC 3 was planned almost singlehandedly by Professor Jutta Weisenhofer of the Federal Institute of Education for the Blind (Austria) and held at UN City in Vienna in 1983. Everett Hill gave the keynote address to a group of 166 participants from 24 countries. At that time the Steering Committee formally defined IMC in the following way: "IMC is an independent group of practitioners in mobility consisting of mobility instructors and mobility centers. Its aim is furthering the level of expertise for mobility instructors through an international exchange of ideas and infor-

mation. IMC is dedicated to co-operation with all organizations of and for the blind. In organizing a regular international meeting for mobility instructors, IMC promotes and upgrades mobility services. These meetings are funded mainly by delegates' registration fees."

Each IMC Steering Committee is expanded by the presence of the person organizing the upcoming Conference who then remains on the Committee. Conferences are translated into at least English, French, and German. The trend is definately away from the lecture-type conference towards smaller groups and workshops. This shows, I think, that we have passed beyond summarizing past developments and are moving into a stage of active contributions to O&M on an international level.

IMC 4 will be held in Jerusalem, Israel from May 26-30, 1986. It is our hope that it will be enhanced by a large turnout of U.S. instructors.

DENNIS CORY
INSTITUTE FOR REHABILITATION AND INTEGRATION OF THE SIGHT IMPAIRED (IRIS)
HAMBURG, WEST GERMANY

AER: Our National Mobility Agenda by Jim Newcomer

O&M specialists nationwide have several new opportunities within Division Nine to become involved in the discussion of important issues facing our profession. As we have begun to write new bylaws, we have received several exciting ideas to restructure our national mobility organization. This issue of the LCN is our first invitation to you, as fellow mobility specialists, to join in the challenges and opportunities afforded a new organization.

Regional Directors
Each of the seven AER regions will be represented on the Division Nine Executive Committee. We want to know the ideas, controversies, and issues that are being discussed in your locality. We wish to support your efforts, and let you know what is happening in other regions and at the national level. With your own Regional Director on our National Board of Directors, we can work more closely together. The present Division Nine officers, elected in Nashville, intend to bury the perception that the Division is often controlled by a small group of people. What can you do now? Begin thinking about the mobility specialist in your region who would best represent your area, and send that person's name to the Chair of Division Nine: Pat Coffey Bucci, Westchester Lighthouse, 354 Mamaroneck Avenue, White Plains, NY 10605. Elections will be held in Chicago this summer. Beginning with the next round of regional conferences, you may elect your own Regional Director yourselves, and send us the name.

Professional Issues Committee
This exciting new committee is presently organizing within Division Nine, and is considering the development of position papers. Many of us feel a great need for our profession to put our beliefs and positions into writing, so that mobility specialists in the field have something concrete to refer to when challenged. Is there a place for "paraprofessionals" in mobility training of blind persons? Some of us believe there is; others of us vigorously oppose the approach. This is only one of the emerging issues that can be addressed by our new Professional Issues Committee. Present committee members are: Kathleen Deaver, Sandra Rosen, Mark Uslan, and William Wiener. We are waiting for several others to accept our invitation. What can you do now? If you have a viewpoint that you would like expressed, or an issue you would like to be addressed, write to: Dr. William Wiener, Chair, AER Professional Issues committee, Cleveland State University 1983 East 24th Street, Cleveland, Ohio 44115.

Certification Standards Committee
One of the most important,and most difficult, challenges facing us nationally is the continual need to examine our certification standards, especially considering the emergence of new university programs with new training approaches. How flexible can we be in our standards, so that we encourage innovation and creativity, while not lessening our traditional insistence upon quality professional preparation? Several of our Canadian members are working on developing certification standards for Canadian training programs, standards which will undoubtedly differ from present ones. the AER Board has given approval to the concept of separate Canadian standards, but we must define those standards, if we wish to do so. These and other potentially controversial challenges face the committee. Committee members are Marge Owens, Everett Hill, Robert Bryant, Robert LaDuke, and William Jacobson. What can you do now? If you have ideas opinions about certification standards, write to: Dr. William Jacobson, Chair, AER Certification Standards Committee, University of Arkansas, 33rd and University, Little Rock, AR 72204.

Certification Committee
This important committee continues to process certification applications from mobility specialists. Com-

mittee members are Pat Goller, William McCloskey, Betty Rittersdorf, Judy Strauss Schwartz, Eileen Siffermann, Kenneth Tapp, Marvin Weessies, Mark Uslan, Kathleen Deaver, and Gala Saber Brooks. For criteria and applications, write to: Gala Saber Brooks, Chair, Certification Committee, 401 Andy Drive, Melrose Park, IL 60160. The AER Board has approved the concept of central processing of all certification applications, with our division continuing to establish standards and to make final decisions on individual applicants. We will need to consider this proposal in Chicago. What can you do now? Write to Gala if you have an opinion.

New Award To Be Presented in Chicago

We are pleased to announce the establishment of a new award for excellence in teaching mobility. Awards Committee members are: Gala Saber Brooks, Stephen Sanford, Kent Wardell, Everett Hill, and Stan Suterko. Following the mandate of the membership in Nashville, the Awards Committee has established the following criteria:

(1) The name of other Award will be "The O&M Divison Citation of Excellence for Direct Service."

(2) The award will be in the form of a plaque, to be presented at national conferences, beginning in Chicago, although the award need not be presented at every conference. The recipient must be in direct service in the year preceding the conference, must be a member in good standing of AER, must be AER certified in mobility, must be in the field from 5-10 years, and be involved in the teaching of children and/or adults.

(3) The recipient may be nominated by supervisors, colleagues, or clients.

What can you do now? If you wish to nominate an outstanding young teacher, contact Gala Saber Brooks for additional information (201 Andy Drive, Melrose Park, IL 60160). Deadline for nominations: March 1, 1986.

Lawrence Blaha Award to be Bestowed in Chicago

The Blaha Award and Guardianship of Sir Francis Campbell's Cane is the highest honor the Division can bestow. Past recipients epitomize the ideals, standards and dedicated service of Blaha and Campbell as displayed by Mr. C. Warren Bledsow, recognized at the 1984 Conference in Nashville. If you wish to nominate a fellow professional, please send your candidate's name and qualifications to: Stephen Sanford, Chair, Blaha Award Committee, Florida Rehabilitation Center for the Blind, 1111 Willis Avenue, Daytona Beach, FL 32014. Deadline for nominations: March 1, 1986.

Proposed Bylaws Available

If you wish to review the present draft of proposed bylaws for AER Divison Nine, and offer comments, please write to me for a copy (Jim Newcomer, 85 Hillcrest Road, Quakertown, PA 18951). Other bylaws Committee members are: George Zimmerman, Sue Stealey, Robert LaDuke, and Kathy Deaver.

Program Committee Organized

Preparing the program for the upcoming chicago conference in July is an important responsiblity. Several sessions are always provided for Division Nine use, in addition to two business meetings. Program topics are needed. We are interested in a variety of presentations that are useful to teachers in various settings. Committee members are: Susan Cartwright, Gary LeBlanc, Katie O'Connell, Gary Shrieves, and Jim Newcomer. What can you do now? Suggest a topic of interest that you have seen presented elsewhere, or volunteer to make a presentation yourself.

Invitation to Participate in AER Division Nine

The first years of a new organization are exciting ones, offering new directions and opportunities, while building on the traditions we value. AEVH and AAWB have merged; AER Division Nine can be as fresh and innovative in its approach as our creativity allows. And we can have as much impact nationally as our hard work makes possible. Please consider this an invitation to you to become involved. Some of us teach mobility each day to blind persons; others teach in university training programs. But we all share a commitment to better our profession, both in our daily work and in our concern about national issues. What can you do now? Write to me, volunteering to serve on a committee beginning next summer, or offer opinions on the issues raised in this letter.

JIM NEWCOMER, CHAIRPERSON ELECT
AER DIVISION NINE

What Do You Call One Of Them Dogs?

by Edwin Eames, Tom Gardiner, and Charles Warnath

Most of us who are blind and use dogs as mobility aides often hear the following remark: "What a beautiful Seeing Eye dog." Although all three of us are teamed with a dog, only Ed Eames has a Seeing Eye Dog. Although Ed Eames may respond to this remark with a smile, Toni Gardiner and Chuck Warnath respond less favorably. Using the term Seeing Eye to refer

to all dogs that guide blind people is like using the word Kleenex to refer to all tissues or Xerox to refer to all copy machines. Presently there are ten guide dog schools in the United States in addition to The Seeing Eye, Incorporated.

When Toni Gardiner and Chuck Warnath are confronted with the statement: "What a beautiful Seeing Eye dog, their response is: "that's no Seeing Eye dog; that's my *guide* dog." Today, they can't even make that statement. Why not? Because now they're told that we have to call them *dog guides*.

This revisionist movement to change our guide dogs into dog guides is apparent from the last issue of the LCN in which the title of our forthcoming book "A Guide To Guide Dog Schools" was changed to "A Guide To Dog Guide Schools." Why the insistence on this usage? The only reason we can think of is to compare dog guides with human guides.

What are the arguments to sustain the use of guide dogs rather than dog guides? First, the term guide dogs is the traditional one used in the literature dealing with dogs to guide the blind. Even Peter Putnam, the official historian of The Seeing Eye, Incorporated, in his volume "Love In The Lead," notes that he uses the term "guide dog" throughout the volume despite the fact that The Seeing Eye, Incorporated prefers the usage of "dog guide." Second, five of the eleven operational schools in the country that trains such dogs use "guide dogs" in their school name. Third, the only existing state agency that licenses such schools, the California State Board of Guide Dogs For The Blind, has the term "guide dog" in its organizational name. Fourth, the use of the term "guide dog" places the functional purpose of the dog before the noun. This is common usage in English and parallels other terms, such as: signal dogs (dogs trained for the hearing impaired); service dogs (dogs trained for the physically handicapped); and therapy dogs (dogs trained for the mentally ill). Traditionally dogs have been classified by their functions. Thus, we have hunting dogs, herding dogs, guard dogs, and even lap dogs. If we can contrast the term dog sled with sled dog, it seems apparent that a dog sled is a sled that would be pulled by dogs whereas a sled dog is a dog who pulls a sled. In a similar fashion, show dog and house dog can be contrasted with dog show and dog house. By analysis, we conclude that a dog guide must be a guide to the various breeds of dogs. By contrast, a guide dog must be a dog that guides someone.

From the above arguments it must be apparent that the three of us infinitely prefer the term guide dog to dog guide. We are not going to retitle our book. In addition, the next time an editor decides to tamper with our usage, we will organize a peaceful demonstration outside of the headquarters of the American Foundation For The Blind, and bring all of our guide dogs with us.

EDWIN J. EAMES, BARUCH COLLEGE, NY, NY
TONI A. GARDINER, KINGS PARK PSYCHIATRIC CENTER, KINGS PARK, NY
CHARLES WARNATH, OREGON STATE UNIVERSITY, CURVALLIS, OREGON

LANDMARK

We goofed! In the last issue of the LCN we mistakenly identified the book *A Guide To Guide Dog Schools* by Ed Eames, Toni Gardiner, Avrama Gingold, Hanan Selvin, and Charles Warnath as *A Guide To Dog Guide Schools*. To emphasize why they titled the book as they did, three of the authors have written a piece on the usage of the terms "guide dog" and "dog guide," aptly titled "What Do You Call One Of Them Dogs?" appearing in this issue of the LCN (page 6.).

The authors report some delays in the production phase of the *Guide*. However, they are happy to announce that it will be available early this spring in print format as well as on tape. The tape will be available on 4-track 15/16 IPS-NLS Cassette format. For more information write to Professor Edwin Eames, Box 511, 17 Lexington Avenue, New York, NY 10010.

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Recently the University of Northern Colorado received a federal grant to support the training of master's level O&M specialists to work with visually impaired preschool and multiply handicapped students. One of the activities supported by this project has been the drafting of assessment and curriculum materials to use with the preschool and multiply handicapped population. To meet this end a "brainstorming-workshop" was sponsored by UNC from June 27-28, 1985.

What developed out of the workshop was a framework for assessment and curriculum based on the notion that O&M skills can be broken down into lower level component skills: Level I skills involve basic and reflexive movements; Level II skills involve direct problem-solving or overt trial and error; and Level III skills involve indirect problem-solving and mental representation.

At present a rough draft of the assessment and the curriculum materials are being developed. Additions and revisions will be made this year and future plans include field testing materials during the 1986-87 school year. Persons interested in contributing ideas or wanting to be involved in field testing are encour-

aged to contact Terry Deniston at the University of Northern Colorado, Division of Educational Studies, McKee 312, Greeley, Colorado, 80639.

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The Royal New Zealand Foundation for the Blind recently invited Dave Kappan, Associate Professor of Special Education and Coordinator of the O&M Program at the University of Northern Colorado (UNC) to travel to New Zealand to recommend procedures in establishing new programs for the blind and visually impaired, including training of O&M instructors. The recommendations offered by Dave received a favorable response and at last report, the Royal New Zealand Foundation for the Blind Board of Trustees approved a $500,000 grant to initiate and develop the program. For more information, write: Dave Kappan, College of Education, Michener Library L-130, University of Northern Colorado, Greeley, Colorado 80639.

Should the role of the O&M specialist include recommending and dispensing low vision aids such as monoculars, NOIR glasses, etc.? The Southern California Chapter of the California Association of O&M specialists (CAOMS) has recently formed a Low Vision Certification Committee to explore the possibility of developing low vision certification criteria that would answer this question. The Committee has begun by sending out a questionnaire to university programs in O&M soliciting low vision curriculum information. CAOMS would also like input from O&M specialists around the country regarding the desirability of a special low vision certification. Write your thoughts on the subject to: CAOMS L.V. Certification Committee, c/o Jenny Boyd, 730 San Antonio Dr. #2, Long Beach, CA 90807.

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In August, 1985 the first issue of the international quarterly, *Orientation and Mobility News* was published by the YMCA College of Physical Education in Madras India. The newsletter represents a long-standing dream of Asian O&M instructors. For a free subscription, write to: S. Jaimtra, Project Director, YMCA College of Physical Education, Madras—35, India.

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The Pennsylvania College of Optometry (PCO) is developing a curriculum addressing the enhancement of vision capabilities for distance tasks in children with low vision. In order for this project to be as practical as possible, PCO is requesting information about assessment or training techniques. If you have developed or are using any materials addressing distance visual needs of children and are willing to share those with PCO, contact Anna Bradfield, Pennsylvania College of Optometry, 1200 W. Godfrey Ave., Philadelphia, PA 19141, (215) 276-6290.

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Joe Nye and Susan Herman, O&M specialists working in upstate New York, are organizing a 10th year reunion of the Boston College Peripatology class of 1976. If anyone has information that can help them locate Steve Wolfe, Judy Ieschel, Wanda Holub, Bob Joseph, Bob Kirkorian, Nancy Viener, Lynn Ivey, Kathy O'Mara, Sandy White, Cheryl Besden, or Debbie Gross, please contact: Joe Nye, Commission for the Blind and Visually Handicapped, 74 State St., Albany, NY 12207.

CONFERENCE REPORTS

The 1985 CAOMS Statewide Conference was held from October 4th-6th at Cazadero Camp in the redwoods of Sonoma County, California.

Highlights of the Conference included numerous presentations, one of which was on teaching O&M to a visually impaired child in a wheelchair and a systematic "brainstorming session" led by Rona Harrell (Associate Professor in the Cal State L.A. O&M Training Program) and Toni Provost-Hatlen (O&M Specialist with the Living Skills Center, San Pablo).

The impetus for the "brainstorming session" was that creative solutions to O&M problems often never get shared unless they are "teased out" during informal discussion. Facilitating discussion first began by choosing several topical areas for discussion (i.e. teaching intersections, motivating students, working with infants, non-traditional cane techniques, teaching the easily disoriented, and low vision). Then the participants broke up into small discussion groups based on their interest in one of the topics. During a thirty-minute time period each discussion group identified a group facilitator and a discussion recorder and proceeded to develop a written summary of concrete recommendations. In a concluding summary session, each group facilitator was given a turn to report on his or her recommendations. The written recommendations were collected and will be made available to Conference participants and any other interested persons. Contact: Rona Harrell, Ph.D., Cal State University, L.A., 5151 State University Dr., Los Angeles, CA 90032.

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From September 27-28, 1985 The Annual Mid-West O&M Non-Conference was held in Iowa, at the Amana Colonies and the Iowa Braille and Sight Saving School (Vinton). On the 27th, participants checked in at quaint, old-world lodging at the Historic Amana Colonies. A banquet was held that night and the following day's program was held at the School.

One highlight of the Conference was a provocative presentation by Ken Tapp, O&M Specialist at the Wisconsin School for the Visually Handicapped, on "Night Travel." Ken exhorted his fellow O&M instructors to overcome all the disincentives to nighttime O&M instruction and get out there and do it! Ken stressed that all low vision students see differently at night and regardless of the student's visual condition, it is important for students to learn how to use their vision effectively for nighttime travel. Even totally blind students benefit from nighttime O&M instruction. For more information on Ken's approach read his recently published article, "Night Mobility Instruction for Children with Low Vision," (*JVIB,* June 1985).

Another highlight was a hands-on seminar on "Utilizing Computers in O&M Instruction," by Bruce McClanahan, O&M Specialist by training and Teacher of the Visually Impaired in Iowa Area Education Agency 6, Marshalltown, Iowa. Bruce first became interested in personal computers to save time when brailling materials, but he soon saw uses for PC's in O&M, especially for drill activities in compass directions, route travel, and map skills. Having blind and visually impaired students use a PC also develops computer literacy and typing skills. Bruce's only background in computers was a beginner's course at a local community college.

The course equipped Bruce with knowledge of the computer language "Basic." Using an Apple II PC with an Echo speech synthesizer, he wrote three simple and very useful programs. One program tells the visually impaired user that he is at an intersection facing a compass direction and asks him to type in the corner where he is. In another program the user is standing on the sidewalk of a block about to walk around the block. With a map as a guide, he is asked to go to a corner and identify the intersecting streets. The student user refers to his map and types in the answers. If a mistake is made, the student is referred to the map and is asked to try again. In the third program the student uses the map as a guide and is asked to count streets and blocks on his way to a destination.

If you are interested in adapting a PC to your work and yet don't quite know how to get started you may want to correspond with Bruce at the following address: Bruce McClanahan, Area Educational Agency 6, 210 S. 12th Ave., Marshalltown, Iowa 50158.

UPCOMING CONFERENCES

The Fourth International Mobility Conference (IMC 4): Jerusalem, Israel will host IMC 4 from May 26-30, 1986. (For a brief history of the IMC, see the LCN Letter by Dennis Cory on page 4.) Israel is a cultural crossroads and Jerusalem is an enchanting city that epitomizes this cultural diversity. (Thomas L. Freidman, Chief of the Jerusalem bureau of the New York Times considers Jerusalem to be one of the most beautiful cities in the world.) The IMC 4 Conference setting at the newly built Mount Scopus campus of the Hebrew University offers a spectacular view overlooking both the ancient walled city of Jerusalem and the Judean desert. Conference facilities are new and very modern.

IMC 4 will revolve around plenary sessions on seven topics: Low Vision, Early Intervention, Parenting, The Multiply Handicapped, Guide Dogs, Research, and Programs from Developing Countries. At present a call for papers is out for workshop presentations and poster sessions.

The Conference will offer a variety of exhibits and optional field visits to low vision centers and preschool programs in Jerusalem. Scheduled evening events include a welcoming reception, a tour of the Israel Museum, a gala dinner at the Institute for the Blind (Jerusalem), and a reception by the internationally renowned Mayor of Jerusalem, Teddy Kollek. *LCN* readers who wish to learn more about Jerusalem and its Mayor should read Thomas L. Friedman's recent article "Teddy Kollek's Jerusalem" in the August 4th, 1985 issue of the *New York Times Magazine.*

A one-day "Satellite Conference" for educators of O&M instructors will be held following the IMC 4 Conference. It will be chaired by Dr. Everett Hill of Peabody College, Vanderbilt University. For more information about IMC 4 write to: Nurit Neustadt—Noy, IMC 4, International LTD., 12 Shlomzion Hamalka Street, 94 146 Jerusalem, Israel.

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The 1986 Southeast O&M Association (SOMA) conference will take place in Jackson, Mississippi from Feb. 26-28. For more information contact: Susan Bernardo, Addie McBryde Center, 2550 Peachtree Street, P.O. Box 5314, Jackson, Mississippi 39216-1314.

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To Our Readers

The lead piece in the Winter 1986 issue was the article, "The Crisis in O&M Manpower," by Bill Wiener and myself; this issue features readers' responses to that article.

Many interested readers wanted to know the basis for the conclusion that a manpower crisis is in the making. Although we do not have all the necessary information, we do have some indicators that point to a crisis.

First, according to the 1980 AFB manpower study, the number of budgeted vacancies for O&M specialists in 1980 was about the same as the number of O&M specialists who graduated in 1980 (130-140). Second, a 1981 AFB analysis showed that the population of legally blind persons in the United States is expected to grow by 12 percent through 1990.

A key question is whether the output of universities will match the projected 12 percent growth in the legally blind population. To answer that question, I conducted a head count of graduates of university training programs for 1984-85 and found that the number of graduates had dropped to less than 80. Although the number of budgeted vacancies for the same period is not known, the precipitous drop in graduates is a strong indication of a serious manpower problem.

Mark Uslan

Reactions to "The Crisis in O&M Manpower" (Vol. 5, No. 1)

Reaction

by Robert A. Eisenberg
California State University, Los Angeles

I do not think that an O&M manpower crisis has been adequately demonstrated. The statistics to back up the "crisis" have been generated from limited data on the number of positions that exist or might exist until 1990. Few would question the need for more services and therefore more personnel. However, to determine how great the need is for additional personnel, we need better data or a revised analysis of the number of employed specialists and unfilled positions, as well as the number of training positions available in universities.

It is also questionable whether a significant number of administrators are seriously thinking of initiating training programs for or hiring paraprofessional personnel. The few who initiated such programs in the past found them to be ineffective and, therefore, terminated them.

If we found that a significant number of administrators were considering such an approach, we should try to discourage them on the bases of history and logic. Wiener and Uslan illuminated some reasons why paraprofessionals are not appropriate for this field of service; I would add the following points:

- To train paraprofessionals at any level of higher education would require the employment of additional faculty. If funds are available to staff such programs, they might better be used to increase the number of fully prepared professionals. If funds are not available to staff professional training programs, how can paraprofessional programs be staffed?
- Agencies that train personnel on a fee basis might be unlikely to reject trainees whose performance is unsatisfactory because it would not be cost-effective to do so; the retention of unsatisfactory trainees would lead to the use of incompetent personnel.

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Contributing Editors: *Vivian Carson*, Guide Dogs for the Blind, San Raphael, California; *Terri Dennıston*, University of Northern Colorado, Greeley, Colorado; *Everett Hill*, Ed.D., George Peabody College for Teachers, Vanderbilt University, Nashville, Tennessee; *Jim Newcomer*, O&M Division, AERBVI; *Jerry Tucker*, Bureau of Rehabilitation, Caribou, Maine.

• Training in agencies would require the diversion of instructional staff from direct service to personnel training, thereby increasing the shortage of personnel to help clients.

The appropriate supervision of "low-cost" paraprofessionals would demand a significant amount of the time of "high-cost" O&M specialists. Thus, whatever savings would be gained by using paraprofessionals would be severely eroded.

The use of paraprofessionals, with limited skills or training in concepts, will create a bottleneck in services. Although more clients could be prepared, they could be trained only within limits. They would then have to wait until a specialist was available to give them advanced training, because there would be more clients than the specialists could handle. Thus, the use of paraprofessionals will not increase the number of visually impaired persons who can receive mobility services at any given time. Furthermore, there are dangers in providing training only in elementary skills without immediately proceeding to advanced training. Some clients are likely to attempt to utilize these limited skills and hence would be subject to emotional and physical injury.

Some mechanism for limiting the role and activities of paraprofessionals would have to be devised before such personnel could be trained. Unfortunately, licensing does not appear feasible. Licensing would have to be repeated in each state and its cost might be prohibitive. The southern chapter of the California Association of O&M Specialists has found that the cost of establishing professional boards in each state to develop and police standards would require either a large number of personnel seeking licenses or exorbitant fees.

With or without controls on the role and activities of paraprofessionals, employers would run the risk of greatly increased liability for injuries that clients might experience while receiving services from personnel who are not fully recognized by such appropriate bodies as the National Accreditation Council and the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER).

Careful consideration must be given to the role of universities in increasing the number of professionals to ensure that quality is not sacrificed to quantity. Consideration also must be given to the effectiveness and quality of preparation through dual-competence programs. Are the O&M curricula in the growing variety of programs that train for dual roles comparable to other dual-competence programs and to training programs limited just to O&M?

To meet the needs of employers with hard-to-fill positions, it may be more effective to increase the number of training programs in small universities so that they may recruit more students and hence increase the potential of local employers to hire graduates with local ties. However, consideration must be given to the process by which both these new programs and the old ones are judged fit to qualify their graduates for certification.

In conclusion, the extent or severity of the suggested shortage of personnel has not been clearly demonstrated. Furthermore, the employment of paraprofessionals may not increase the availability of total mobility services, and the quality of services can be expected to drop.

Ultimately, the training of paraprofessionals may divert the funds spent on the training of professionals. Therefore, if a shortage of personnel exists, then we need to gain wide support for increasing the funds for professional training programs, either by expanding existing programs or by funding additional small programs.

Reaction

by Alan M. Dinsmore
American Foundation for the Blind
Washington, D.C.

The cutbacks in federal appropriations for training professionals, expanded service populations, the increased employment of nontraditional service providers, and redefined standards of practice have affected almost every profession in rehabilitation, education, and health. As a result, professional standards and methods of practice are being redrawn in all these fields.

For years, O&M specialists have not been subjected to the pressures experienced by other professionals in health and education. However, this situation may be changing.

There is no evidence that Congress, the Rehabilitation Services Administration (RSA), or state rehabilitation agencies intend to institute major reforms that would have the effect that prospective payment has had on the Medicare-reimbursed delivery system. But, with the possibility of new service requirements under the Rehabilitation Act, coupled with minimal increases in federal appropriations, some of the competitive pressures of the outside world may be felt.

For example, state agencies for the blind and private nonprofit agencies may have to consider reducing either the number of clients served or the amount of time devoted to each client. In addition, these agencies, like their counterparts in other health and rehabilitation fields, will probably examine alternatives to traditional university-based training and accepted patterns of service delivery. For example, physicians' assistants now perform a range of services formerly provided by physicans, and physicians are now employed in such service programs as health maintenance organizations that were at one time bitterly opposed by organized medicine.

But what of strategies to deal with these problems? Two basic issues are important to note. First, neither Section 304 of the Rehabilitation Act, the section that authorizes funds for training programs, nor the regulations that implement this authority restrict the definition of "qualified applicant" to a university training program. Grants or con-

tracts may be made to states and public or nonprofit agencies, including institutions of higher learning.

Second, the allocation of RSA training money for the rehabilitation of blind people has remained relatively stable in the climate of declining appropriations and the increased number of new priorities for training. A six-year history of these appropriations from 1980 through 1985 bears this out.

For the record, the total appropriation for training declined from a high of $32 million to just over $19 million. For fiscal year 1986, the appropriation was $27 million; however, it was reduced to $25.8 million because of the cuts required by the Gramm-Rudman-Hollings bill.

These figures tell us two things. First, there is little likelihood of a significant increase in appropriations. However, two major coalitions—the Coalition for Citizens with Developmental Disabilities and the Rehabilitation Coalition—have recommended that Congress provide $32 million for RSA training in fiscal year 1987. Second, the goal that is most likely to be achieved is the maintenance and expansion of the current funding pool for our programs.

How can this goal be accomplished? First, university-based training programs need to expand their advocacy for these funds. Congress and the RSA need to be subjected to sustained, focused efforts that are supported by information on the expansion of service populations and the decline in university-trained graduates.

In the past, university programs acted alone in their contacts with RSA, perhaps because they thought that concerted action required the sharing of information with competitors. But perhaps it is now time to participate in coalitions, as do other fields facing the same problem, to protect and expand their funding sources.

Finally, although position papers and resolutions are important, especially for concerted action, there is little evidence that Congress or the RSA (or the field, for that matter) have waited for our decisions before they have acted. Agencies are moving ahead with their own plans. The RSA and Congress are looking at an expanded array of service providers and service populations who also expect to use these funds.

It is not a comfortable situation. However, it is one that the pioneers in this field would recognize. Their successors need to review the actions that created this field and adapt those actions to forcefully address the new developments.

Reaction

by Gala Saber-Brooks
Hines Veterans Administration Hospital
Hines, Illinois

I read the article and applaud your clear delineation of the problems. However, I missed a discussion of the low salaries of O&M specialists throughout the country which, I believe, keep prospective candidates from entering the field and remaining in it.

I, too, strongly oppose attempts to train paraprofessionals or to utilize them to teach any phase of O&M because the beginning phases of training are as important as street training, and a strong foundation is vital.

Lobbying efforts would improve our position, as would activating parents and senior citizens. These two groups can generate a great deal more publicity and attention than we could ever hope to achieve.

Reaction

by Richard A. Franke
North Central Technical Institute
Wausau, Wisconsin

North Central Technical Institute (NCTI), in Wausau, Wisconsin, has sent out approximately 300 questionnaires to the providers of O&M services nationwide to determine their needs and hence the feasibility of developing an O&M aides program. This issue is controversial, and Wiener and Uslan's article brought it to light. Their questions and their recommendations are commendable.

I will first attempt to define what it is we are proposing at NCTI. Since the dictionary defines both "aide" and "paraprofessional" as an "assistant," perhaps we should replace the term "aide" with the term "assistant." The O&M aide would act as an assistant to the O&M specialist, who is the professional. Thus, we are not advocating replacing O&M specialists with several O&M aides. Rather, we are attempting to improve our help to the people we serve by serving more of them than we can now.

In relation to services to the aged, Wiener and Uslan expressed their concern that the aged and multiply handicapped, who they believe need the most advanced level of services and require the skills of the most highly trained instructors, would be assigned to the paraprofessionals. I do not agree that the aged are the ones who require the most advanced level of services. At any rate, the aged population is clearly the largest blind population and has been grossly underserved; statistics from the Wisconsin Department of Health and Social Services bear this out.

Blindness and severe visual impairment increase significantly with age. It seems clear that unless there are radical changes in the present service delivery system, the number of aged not being served will continue to grow. If O&M aides (assistants) worked with rehabilitation teachers and O&M specialists, more aged people could receive basic services and be referred to O&M specialists for advanced instruction, if necessary.

This concept should be given a chance because of the high cost of O&M services. Clearly, O&M assistants would be paid less. They would make basic services more cost effective while maintaining a higher level of services than is presently being delivered by nurses, recreational assistants, and others who have had basic skills taught to them during an in-service program.

We hope that the results of our survey will give us the means to make an appropriate decision about starting an O&M aides program. We encourage all interested persons to continue to give us feedback on this issue.

Reaction

by Dan McLaughlin
Syracuse Association of Workers
for the Blind, Inc.
Syracuse, NY

The article on the crisis in O&M manpower was timely, especially for New York State, which is facing this crisis now. The New York State commission has committed services to clients in remote areas who were previously ignored. The mood in Albany seems to be that "with or without" the input of the professional instructors in the state, the commission will move on the shortage. Therefore, several professional instructors have urged the commission to bring together a representative group of people from AER, the agencies, and the university programs to address the issue. The commission agreed and is setting up a "direct service work group."

FROM OUR READERS

The Seeing Eye Probes Dog Guide Plus Mowat Mobility

by Douglas Roberts
The Seeing Eye
Morristown, NJ

The Seeing Eye invited four graduates to Morristown in June 1984 to participate in a Mowat Sensor seminar. The individuals were partially deaf as well as blind and had worked with Seeing Eye dogs for a number of years. The Mowat Sensors used in the seminar were modified to extend their range from 12 to 18 feet, thus providing additional sensitivity to traffic moving through large intersections.

All participants were taught to use Sensors in conjunction with their dogs. Our goal was to increase their reliability in traffic and thus ease the stress felt by the dogs in hazardous situations. In addition, the Sensor would provide such knowledge about the environment as the presence of poles, mailboxes, and the beginning and end of building lines.

The four graduates were as follows:

Mr. A, a 37-year-old congenitally blind and hearing-impaired man who works as a braille proofreader, wears two hearing aids and hears conversation fairly well. He walks to work with his Seeing Eye dog but has problems at one noisy intersection where he cannot hear well enough to judge a safe crossing. During the project, this intersection was simulated and the results were encouraging.

Ms. B, a 51-year-old congenitally blind and hearing impaired woman who has a college degree. She wears a receiver with wires that feed sound to aids in both ears. She hears only pieces of words, from which she formulates whole ideas. Having recently transferred to a new job, she has difficulty managing a few busy intersections when traveling to and from her bus stops. During the project, crossings like those near her job were simulated, and she was able to use the Sensor to determine the flow of traffic at some intersections.

Mr. C, a 53-year-old man who has been blind and hearing impaired for 20 years, wears two hearing aids. Although he uses his dog primarily in residential areas, we considered him a good candidate because of his mechanical aptitude. We worked with him in Morristown under normal traffic conditions.

Mr. D, a 33-year-old man who has been blind and hearing impaired for 16 years, wears two hearing aids and plugs a receiver into them to get messages through an attached microphone. Due to the severity of his hearing loss, he is unable to judge traffic accurately except under the simplest situations, when he often can determine only the presence of traffic but not its direction. During the seminar, he found the Sensor helpful in determining the flow of traffic.

After the initial training period, the participants reported to us at 6- and 12-month intervals. Results varied widely. By the end of the year, Mr. A reported that he did not use the Sensor at all. Ms. B, who uses the Sensor primarily to verify landmarks and align herself properly at curbs, has not mustered the confidence to attempt street crossings with the Sensor. However, with help, she has expanded her boundaries: because of the Sensor, two more sections of town are now available to her.

Mr. C reported that he used the Sensor rarely, and then to find a mailbox—a task easily accomplished with a standard Sensor. Since his area is quiet and uncomplicated, he has no real need for the Sensor, although he believes he would use it if he lived in a city. Mr. D, however, reported that he carries the unit with him whenever he leaves the house and finds it invaluable, especially when crossing busy intersections. He is the most active dog guide user among the participants, has a severe hearing loss, and has derived the most benefit from the Sensor.

Because of these widely varying results, and particularly because of the dramatic success of Mr. D, we have decided to invite four more Seeing Eye graduates to Morristown for a second project. Participants will be highly motivated, active dog guide users with severe hearing losses. Their home environments will include urban routes where traffic, congestion, and broad intersections require a Mowat Sensor with an extended range. If this phase of the project is successful, we will consider integrating the Sensor into our program to serve a selected group of qualified blind people who suffer from profound hearing loss.

For more information, call or write Douglas Roberts, The Seeing Eye, Box 375, Morristown, NJ 07960. (201) 539-4425.

A Mobility Specialist in a Dog Guide World

by Vivian Carson
Guide Dogs for the Blind
San Raphael, CA

If the title denotes a sense of culture shock in moving from a classic O&M position to a job with a dog guide organization, then it aptly describes my experience. As have most professionals in adult O&M, I felt quite comfortable, after four years at an adult rehabilitation center, orienting blind people who choose dogs as their major form of mobility. I assumed that these persons had received adequate training with the dog and would be able to translate my verbal description of an area into workable commands to direct their dogs. It was trial and error at first, but I soon learned what information was most valuable to a dog guide user when orienting to a new area.

One year ago, I accepted employment as a field representative at Guide Dogs for the Blind. The job entails traveling throughout the United States and Canada to interview applicants for the training program. I observe the applicants' home environment, general emotional ability and maturity to care for a dog, and their ability to travel safely and remain oriented in their environment.

My introduction to Guide Dogs for the Blind and the dog guide world began with a thorough orientation to the training of dogs and the person-dog units. Here is where the "culture shock" began. First, I had to get used to a number of new or different words not common in the "cane" world. For example, as an O&M specialist, I might tell a student who is walking along Main Street that, when he arrives at the next intersection, he must turn right and cross Main Street. A dog guide instructor would tell the same person to make a right "curb-to-curb" turn after arriving at the intersection and then to cross Main Street.

I gained great respect for the instructors who train strings of dogs because, in addition to training, they clean the dogs' kennels, run the dogs three times a day, feed them, groom them, and train the students to work with them. As part of my learning "experience," I was fitted with rubber boots and sent to help with the pooper-scooping regimen—a chore I had to do only once to appreciate the instructors even more. The most difficult part of observing the dogs' training was to stand with the instructors while they supervised the dogs in the community dog runs. If you take one step into the run, you can get mobbed by about 30 full-size dogs all demanding attention.

I next observed the training of the students with their dogs. I tried to guess which dog would be matched with which student, but I was wrong. The matches the instructors made were great, and the dog-student matches became good working units, but I sometimes wonder what would have ensued had I made the pairings!

One aspect of working with Guide Dogs for the Blind that I was privileged to experience was walking blindfolded with some of the dogs. I had done this while I was a student of O&M visiting the Seeing Eye but, after four years of teaching, I had a renewed appreciation for the smoothness of travel that the dog guide affords.

During my interviews with applicants for the program in various parts of the country and Canada, I lead the applicants along their neighborhood streets using part of the harness handle to give them the feeling of what this form of travel will be like. As I am playing the dog, I sometimes think: "It's for this that I got a master's degree?" It sure is, and I love it!

Orientation and Mobility in a Wheelchair: A Case Study

by Natalie Knott
Richmond Unified School District
Richmond, CA
Presented at the 1985 CAOMS Conference in Cazadero, CA

Shoshana is an 11-year-old girl with cerebral palsy and spastic quadriplegia. Cortical blindness has left her with some peripheral vision, a visual acuity of 20/3000, no depth perception, and poor ocular motor control. In spite of her physical limitations, she has a good sense of humor, works hard, learns quickly, and is cooperative.

Shoshana's parents have been deeply committed to making many aspects of the world and learning accessible to her. Their commitment and hard work have created a good foundation for promoting the remarkable gains she has made. In addition, the services of a developmental therapist have proved invaluable. We share knowledge and techniques from our respective disciplines, brainstorming and problem-solving together.

At first, Shoshana had little strength in her arms and had considerable difficulty moving about in her manual wheelchair. With practice, she gained strength and came to the point in the O&M lessons where she could pull herself uphill. After I read *The Little Engine That Could* to her, I often heard her saying to herself, "I *think* I can, I *think* I can" as she pulled uphill and "I *thought* I could!" when she reached the top.

On its arrival, the power chair was greeted with skepticism by some of the team members, who expressed two major fears: "She'll hurt herself" and "She'll hurt the other children." She did hurt herself. One day, she smashed into a pole, badly injuring her foot. This incident filled her with apprehension about the power chair and reinforced the skepticism of others.

Later, another disturbing event occurred. A man in a wheelchair, known by the family, tipped his chair off a drop-off of two inches and hit his head. Several days later, he went into a coma and died of a brain hemorrhage. His death increased the fears of all the people who loved and worked with Shoshana that she, too, might have a fatal accident. The question was raised: "What price independence?" In response, the developmental therapist came

up with a soft helmet to protect her head and a protective foot rest. Shoshana bravely tried her power chair again with her head and feet protected.

Fear had to be grappled with, as did the misconception that Shoshana saw best with her head down. Because of the cerebral palsy, her habitual and most comfortable pose was to be slumped forward with her head down, looking at her lap. I ascertained that she could imitate my arm motion at a distance of 20 feet when she held her head up but could not do so when her head was down. This revelation permitted the readjustment of her chair to optimize her posture for holding her head erect while driving.

Fear was dispelled by two strategies. One was the promotion of a high profile with her in the power chair driving around the school. When people saw what she could do, they were no longer afraid. I also invited other team members to the O&M lessons. When they observed her accomplishments, excitement began to replace fear as they perceived new prospects for her increased independence.

One of the first skills we worked on was how to transfer from one wheelchair to another. The developmental therapist had worked with her to develop a transfer "script." Shoshana and I took this basic script and practiced different situations and types of transfers with the two wheelchairs.

We also developed a special job for her, that of delivering mail to the office and returning to her classroom unassisted. This job involved learning a number of O&M skills. With "curb detectors" installed on the wheelchair (available at a local automotive supply store), she practiced gauging her proximity to door frames, walls, and a variety of other potential obstacles and trailing surfaces. She practiced visual trailing of walls to negotiate hallways and counting doors and hall entrances to determine her position in relation to her goal. Her wheelchair etiquette was perfected to enable her to travel safely among pedestrians when the halls were crowded. Finally, in the office, she learned a series of complex maneuvers necessary to position her chair, drop the mail in the box, and leave the office. Her first solo on this route was a major step toward independence. She had never gone anywhere by herself and was overjoyed with this accomplishment.

We worked on other routes as well. One particularly treacherous route necessitated her trailing visually a long stretch of grassline without going on the grass, thus avoiding hidden minor drop-offs that could cause the chair to tip over. Furthermore, since she exhibited a meandering line of travel because of cerebral palsy, we continually worked on straight-line travel by using the straight lines painted on the playground for guidance.

Going downhill posed a major challenge. Her wheelchair had a speed-limiting device so that the range of speed was minutely variable beyond the standard high and low speeds. It was therefore possible to reduce the chair's speed to a rate that was safe and that suited her. The technique we developed for hills was "little goes and big stops." A big stop involved using reverse gear as a brake.

My work with Shoshana was as much of a learning experience for me as it was for her. Because of the lack of O&M assessments for the low-vision person in a wheelchair, I developed my own, which I would be happy to share with interested O&M specialists. I also would welcome feedback on it as well as information on teaching wheelchair mobility. (Send a stamped, self-addressed envelope to: Natalie Knott, P.O. Box 40104, Berkeley, CA 04704.)

Gait Patterns of Congenitally Visually Impaired Persons

by Sandra Rosen and Bonnie Dodson-Burk
Peabody College/Vanderbilt University
Nashville, TN

Many O&M specialists, teachers, and parents voice concern about the atypical walking patterns of their congenitally visually impaired students and children. The problems most commonly noted include a wide base of support, out-toeing, small step lengths, limited pelvic and trunk rotation, and the lack of reciprocal arm swing. Possible reasons for these gait problems may include low muscle tone, problems with sensory integration, and inadequate pelvic and trunk rotation. Without sufficient visual input to stimulate sensory integration in the early years, congenitally visually impaired persons often retain primitive reflexes and have immature motor responses—factors that hamper the optimal development of gait patterns. This situation is further complicated by limited experiences with and opportunities for movement in the early years.

Atypical gait patterns decrease a student's efficiency in walking and may cause fatigue and veering related to the student's slow pace; in severe cases, they may place stress on certain joints.

The remediation of gait patterns is most effective in the early years when children are developing motor patterns and components of movements. The following activities can help visually impaired children develop more normal motor and gait patterns:

Pelvic- and Trunk-Rotation Activities

- Crawling or walking up and down steps.
- Sitting on a large ball or cylindrical roll and slowly tilting to each side.
- Rolling across the floor or down a ramp hips first, then shoulders.
- Twisting the trunk to music while sitting or standing.
- While standing in a line, one child passes a ball to another, keeping his or her feet planted on the floor and turning the trunk.
- Positioning toys to the child's side while the child is sitting or kneeling so that trunk rotation is necessry to get the toy.

Sensory-Integration Activities

- Jumping on a trampoline.
- Stamping one's feet or marching.
- Riding on a rocking horse or swing.

Muscle-Tone Activities

- Jumping in place on a hard surface or on a trampoline.
- Scooterboard activities.
- "Wheelbarrow" or "crab walking."
- Any movement against resistance, including jumping or pushing toys or large objects such as chairs or boxes.

The gross motor section of the O&M curriculum being developed by the Preschool Orientation and Mobility Project (a federal model demonstration grant at George Peabody College, Vanderbilt University) addresses some of the motor components that lead to the development of efficient movement and gait patterns. In addition, Sandra Rosen, an O&M specialist and physical therapist who is working on the project, is conducting a study on selected gait patterns of congenitally blind children as part of her doctoral dissertation. For further information and suggestions on gait patterns, write to: Bonnie Dodson-Burk, Sandra Rosen, or Bruce Smith, Preschool O&M Project, Department of Special Education, Box 328, George Peabody College, Vanderbilt University, Nashville, TN 37203.

Was That a Bird Chirping at the Corner of Main and Center?

by Mark M. Uslan
American Foundation for the Blind
New York, NY

CAOMS members in the Southern California area will long remember a special event that took place on April 20-21, 1986. On those days, CAOMS members brought blind volunteers to Huntington Beach to participate in the experimental phase of a national research project on the use of auditory traffic signals. Auditory traffic signals, which are being installed at intersections in Southern California, cue pedestrians when to cross the street through two kinds of bird calls. One call sounds like "cuckoo" and the other sounds like "tweet-tweet."

Most of the intersections at which these devices have been installed are difficult to cross, even for sighted persons. For example, some have as many as eight lanes of heavy traffic with special left-turn lanes that make it especially difficult for blind persons to interpret traffic sounds and to cross safely.

With a police escort, CAOMS members and the blind volunteers drove to four different intersections. Observations were made and data collected as each blind person attempted to cross the street. CAOMS member Mike Williams videotaped each crossing.

The days were long and the work was hard, but everyone pitched in. It was impressive to behold the commitment and enthusiasm of CAOMS members and blind volunteers. By 9:15 P.M. on the second night, 27 blind people had crossed a total of 108 intersections. For two days, Huntington Beach sounded like a bird sanctuary!

"Sharing Information on Preschool O&M"

by Elga Joffee
Catholic Charities
Lynbrook, NY

Orientation and mobility as a component of early intervention activities for blind babies is new in the Long Island community. O&M staff of Catholic Charities in Lynbrook, New York, have been working with blind and visually impaired babies for a year in a community-based program. Our program activities are based on the findings of Adelson and Frailberg's Gross Motor Development Study as well as on other sources.

Our O&M program has assembled equipment and lesson plans that have been useful in teaching mobility to our young clients. It would be helpful if O&M instructors who work with young children would communicate the children's favorite toys, aids, and activities to the *Long Cane News*. This type of sharing would enable us to bring the best of everyone's ideas to this new program area. Perhaps, with enough input, a special issue or section of an issue could be devoted to this topic.

Landmarks

The Guide to Guide Dog Schools, published by the Baruch College Guide Dog Book Fund, is now available. Written by Edwin Eames, Toni Ann Gardiner, and Avrama Gingold, this book attempts to answer the questions that blind clients might ask professionals in the field of O&M. Examples of these questions follow:

BLIND CLIENT: Can I use a guide dog even though I have some partial vision?

O&M PROFESSIONAL: All schools require proof of legal blindness, but you can be trained to use a guide dog even though you have partial vision.

BLIND CLIENT: How much will it cost to get a guide dog?

O&M PROFESSIONAL: Some schools require that you cover the cost of transportation to and from the school, while other schools assume the cost. Some schools charge a nominal fee for the dog, while other schools do not. The maximum fee charged is $150.

O&M PROFESSIONAL: Most schools require a minimum residence of 3½ weeks for first-time guide dog users.

BLIND CLIENT: What breeds of dogs are used as guide dogs?

O&M PROFESSIONAL: Some schools specialize in a single breed, but most schools use Labrador retrievers, golden retrievers, and German shepherds.

BLIND CLIENT: Are both males and females used as guide dogs?

O&M PROFESSIONAL: The schools have found that both males and females become successful guide dogs. All dogs are neutered before they are trained.

BLIND CLIENT: I am a diabetic. Will a school accept me for training?

O&M PROFESSIONAL: Guide dog schools accept diabetics. They make provision for diabetic diets and have trained staff to help with medical problems.
BLIND CLIENT: Will I have any free time at a guide dog school?
O&M PROFESSIONAL: You will have a great deal of free time. The schools have radios and televisions and braille and talking books and magazines. Many schools have pianos and other musical instruments for their students' use. Each school sets aside time for visitors and for attendance at religious services, if desired.
BLIND CLIENT: Will the school help me if I have problems after I get home with my new guide dog?
O&M PROFESSIONAL: All schools have aftercare or follow-up programs.
BLIND CLIENT: Where should I get my guide dog?
O&M PROFESSIONAL: There are ten guide dog schools in the United States. A book you might find helpful is called *A Guide to Guide Dog Schools*, available in both print and cassette. It will not tell you what school to go to, but it will provide a great deal of information that you can use in making your decision.

The book is divided into two sections. Part 1 covers the following topics: "What Will a Guide Dog Do for You?," "You, Your Dog, and the World," "Costs and Benefits of Having a Guide Dog," "Myths about Guide Dogs," "Common Characteristics of Guide Dog Schools," "Which School for You?," "Applying to a Guide Dog School," "Alternatives to a Guide Dog School," and "Questions about Guide Dogs."

In Part 2, the following information is provided for each of the ten schools: location; application procedures and costs; daily schedule of activities; length of residence; training of dogs; leisure-time activities; follow-up or aftercare; contractual obligations, and contact with graduates.

You can obtain a copy of *A Guide to Guide Dog Schools* in print form for $5.00 or in cassette form for $3.50. Checks or money orders should be made payable to the Baruch College Guide Dog Book Fund. (No other forms of payment will be accepted.)

Requests should be sent to:
Professor Edwin Eames
Box 511
Department of Sociology and Anthropology
Baruch College
17 Lexington Avenue
New York, NY 10010

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For more information, contact: Mark Uslan, National Consultant on Orientation and Mobility, American Foundation for the Blind, 15 W. 16th St., New York, NY 10011; (212) 620-2041.

The Sensory 6 is a new electronic travel aid developed by E.L. Bryenton & Associates, with assistance from the National Research Council, Department of Health and Welfare, and the Department of Supply and Services of Canada. It consists of ultrasonic sensors mounted in eyeglasses, earphones, and a case containing electronics. Its range is 12 feet. For further information, contact:

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AER: OUR NATIONAL AGENDA—Archives Update

by Jim Newcomer

The Archives Committee of Division Nine has been very active in working toward its goal of establishing an Archives of our profession on the campus of the Maryland School for the Blind, which has donated space. Rooms will be filled with displays, memorabilia and papers will be carefully catalogued, but these ambitious plans require time and money.

The committee has met formally at least four times, and has also spent several delightful Saturday afternoons reviewing Warren Bledsoe's fascinating collection of papers from the "early days." The committee reports fondly of the pleasure and insights these materials have provided, and that is a primary aim of the Archives: to provide us and future generations of our profession with a sense of our roots, and a pride in our professional heritage.

John McGarry, Registrar of the Marine Corps Historical Center, has provided advice about setting up the Archives, and buying acid-free materials to preserve the papers. Susan McGarry, Maryland School for the Blind, has discussed fund raising. To achieve the dream of our own Archives, we must raise funds! Contributions have been received from several sources, including the Illinois Association of O&M Specialists and Butch Hill's Nashville fundraiser in 1984. A fund-raising raffle at the Chicago Conference is planned.

Much more information about the Archives project will be included in the Division Nine newsletter after Chicago, but if you have any ideas or suggestions, or if your group would like to contribute, contact: Archives Committee Co-chairpersons Dona Sauerburger or William Springer: 1606 Huntcliff Way, Gambrills, MD 21054 (301-858-0138). Other committee members are Warren Bledsoe, Kathy Deaver, Joani Levy, Russ Williams, and Pete Wurzburger.

Let's make our goal to have a "grand opening" of the Archives during the summer of 1987.

Conference Report
The 1986 Southeast O&M Association (SOMA) Conference

by Mary-Maureen Hill
Peabody College, Vanderbilt University
Nashville, TN

The 1986 SOMA Conference, held in Jackson, Mississippi, from February 26 to February 28, 1986, was a big success. Some of the highlights follow:

Jerry Shier, from Sensory Aids Corporation, presented an informative overview of the Sonic Guide. He pointed out that the cost of the electronic travel aid (ETA), with a multirange box of 1-, 2-, and 4-meter ranges, is now $2,920.

Delores Hanley, from the Florida Division of Blind Services, discussed an in-service training program she initiated in 1982 with Broward County bus drivers on how to deal with blind and visually impaired persons who ride county buses. (For further information on how to start an in-service training program, see Delores' article in the January 1986 issue of the *Journal of Visual Impairment & Blindness*.) Delores noted that advertising space for public awareness of blind and visually impaired travelers was donated by the bus company, which also printed signs and bumper stickers (from money raised by the program); the bumper stickers were sold for 50 cents each, the money going back to the program. Media coverage was provided at a ceremony at Fort Lauderdale City Hall. Delores suggested that letters of commendation should be sent to the Mass Transit authorities acknowledging particularly helpful or friendly bus drivers.

Bill Jacobson, of the University of Arkansas at Little Rock, gave a thought-provoking presentation on current issues in the field of O&M. He identified the following issues: 1) ETAs as primary versus complementary aids and ETA certification, 2) university- versus agency-trained O&M professionals, 3) liability insurance, 4) research sponsored by the American Foundation for the Blind on O&M competencies, 5) Canadian certification through the Association for Education and Rehabilitation of the Blind and Visually Impaired, 6) one-on-one versus group O&M lessons, 7) the use of the blindfold for O&M training of low-vision persons, 8) the prescription of low-vision aids, and 9) the impact of the Gramm-Rudman-Hollings bill on the blind and visually impaired population and on related university training programs.

Next year's SOMA conference will be held in Nashville. For information, write Dr. Mary-Maureen Hill, Special Education, Peabody College, Vanderbilt University, Box 328, Nashville, TN 37203.

Errata

There is no issue Vol. 4, No. 2 of *LCN*.
Toni Ann Gardiner's name was misspelled in the last issue.

UPCOMING CONFERENCES

All those interested in the future of orientation and mobility are invited to attend the 16th Annual O&M Nonconference, to be held at the Indiana School for the Blind from October 31 to November 1, 1986. It is not necessary to be an O&M instructor to attend. The meeting is still considered, in the words of the first Nonconference invitation, as "An opportunity to be with, give to, take from, and encounter others interested in O&M."

The theme of the conference is "1945 to the Future." The keynote address will be by Dr. Bill Wiener, the newly appointed chairman of the Department of Blind Rehabilitation at Western Michigan University. Dr. Wiener will consider the future while explaining some of the short-term plans for the training program at his university. Other speakers will speculate on the future, as they discuss some of our current successes and problems. Conference participants will be encouraged to describe their vision of the future during open discussions and the wrap-up session.

Information on the conference will be sent to all midwestern members of AER Division 9. Interested persons from other states, Canada, and those not on the mailing list will receive information by writing to:

Patrick Soja
Indiana School for the Blind
7725 North College Avenue
Indianapolis, IN 46260

LONG CANE NEWS

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LONG CANE NEWS

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The Role of the Mobility Instructor in Employment

by Jerry Miller
American Foundation for the Blind
New York, NY

What makes the mobility instructor so special? This is a question I asked during a presentation to AER's Upstate New York O&M Division in September, held in Syracuse. There are no negative inferences in this question; in fact one would most likely have found me in the mobility instructors' hospitality suite, enjoying their unique and lively company. Indeed, the mobility instructors themselves at the meeting agreed that they were lively, fun-seeking people and enjoyable to be around. I heartily agree; there appears to be something very special about the people who are practicing orientation and mobility. Additionally, the relationship between the mobility instructor and the client is unique; e.g., the frequent contact between client and instructor, the instructor's presence in the home and neighborhood, and the fact that this relationship involves a great deal of trust on the part of the client.

I believe that such a relationship allows for a greater opportunity for communication between the client and the instructor. The client who might otherwise be hesitant to discuss his or her interest in employment might be more open to sharing this information with a mobility instructor. The client who feels embarrassed to present what might be considered unrealistic goals to the social worker or rehabilitation counselor might be willing to express his or her feelings to the mobility instructor.

The need to understand the importance of the work identity is essential for all professionals dealing with the individual who happens to be blind. As noted, the client may not feel comfortable in expressing this need, but the closeness of the relationship with the mobility instructor may uncover it. After uncovering this need, it is essential that the mobility instructor bring this information back to the case planner, most likely the rehabilitation counselor. It may be naive to expect the rehabilitation counselor to totally accept this information and act upon it. While I believe that the significant majority of rehabilitation counselors are open and interested in the input and new information provided by the mobility instructor, we should not overlook the fact that problems might arise. Needless to say, this situation needs to be handled diplomatically. The need for building a teamwork relationship is essential.

In addition to the closeness of contact with the client, the mobility instructor has the opportunity to meet family members. This contact provides an additional opportunity to understand the family dynamics as they relate to a variety of problems and, in particular, the family's attitude toward the client's interest in work. Mobility instructors need to be alert to this type of information.

While the instructor/client relationship touches upon employment, there are four factors in which mobility instructors' work directly relates to the client's ability to succeed on the job: job readiness; getting the job; orientation to the work place; the mobility instructor as a field worker (or what I call the "McDonald's factor.")

Job readiness refers to the client's ability to get along on the job, to get along with co-workers, and to be successful on the job interview. Unfortunately, there are many examples of individuals who exhibit inappropriate mannerisms and behavior on the job interview or who have difficulty with co-workers. The mobility instructor has a very important role with regard to how the clients are able to present themselves physically, as well as socially. Special attention must be given to appropriate attire, grooming, and attitude. There is nothing unique about this; in fact, it is an appropriate consideration for anyone who will be considered for a job. Yet, there are some situations which may directly relate to a person with a visual impairment. For example, consider the importance of maintaining eye contact with the employer. Eye contact is helpful in

(continued on next page)

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The Role of the Mobility Instructor

(continued from preceding page)

establishing rapport and interest. What happens, however, when an individual does not have central vision and is not able to look directly at the employer? The person may actually be maintaining eye contact with the employer without the employer realizing that this is taking place. The employer needs to know that the interviewee has established eye contact in his or her own way.

Getting to work is perhaps the most obvious area where mobility skills are required. The client needs to get to work safely and on time. For all of us, the first day at school or the first day at work is a very anxiety-producing event. It is important for us to remember this and to train our clients so that they have a strong sense of confidence.

When is the best time to orient the client to the workplace? Should it be while the client is already on the job and while other employees are there? Should it be prior to the time that the client has been employed and at a time when no one else might be around to observe? Provision of orientation to the client when other employees are around can be distracting and can have the negative effect of pointing out the differences between the client and his fellow workers. On the other hand, observation by other employees can provide an opportunity for discussion between co-workers about the unique aspects of visual impairment and can serve to break down attitudinal barriers.

It is important to remember, however, that the employer and the employee have some important responsibilities here. The employer has a responsibility to all employees (handicapped or not) to make sure they are oriented to the work environment. The visually handicapped employee has the right to expect the employer to accommodate him or her in the same way as any other employee. The employee has the responsibility of making sure that potential problem areas are identified and that appropriate help from the mobility instructor is requested.

One of the mobility instructors in the group insists that McDonald's serves the best coffee. Her qualifications for making this judgment? She indicates that during her travels in the field, she frequents McDonalds' locations occasionally, choosing to take a coffee break and to write field reports. This is fine. However, what it serves to point out is the uniqueness of the position of the mobility instructor by virtue of the fact that they are the professionals in the field of blindness most likely to be in the field.

Although there are other rehabilitation practitioners who go to the client's home, no one seems to have the experience of getting to know a client's neighborhood as well as a mobility instructor. This provides some interesting opportunities for awareness of neighborhood activity. The mobility instructor is able to ascertain what businesses are in the neighborhood, who is hiring, what construction is going on, and what new industry is being developed locally. This is vital information which can be used by rehabilitation staff who are doing job development. The mobility instructor in this respect is a valuable adjunct in providing information regarding job possibilities. Placement specialists would be wise to take advantage of this resource.

In summary, while the specialness of mobility instructors might be arguable, there is no doubt that they enjoy a very special relationship with the clients. If the mobility instructor has a clear understanding with regard to the importance of an individual's work identity, this unique relationship provides an opportunity to learn more about the client and to assist the case planner in exploring vocational possibilities.

Furthermore, the nature of the mobility instructor's job presents some distinct possibilities of assisting in a client's job success. The instructor can be a valuable asset to those responsible for placement activity because of his or her unique position as a worker in the client's neighborhood. Hopefully, an understanding of these opportunities can increase the existing high level of services which have been provided by members of this profession.

FROM OUR READERS

Here's What You Call 'Em

by Jeff Elliot
Veterans Administration Southeastern Blind Rehabilitation Center
Birmingham, Alabama

Aside from the unfortunate use of "guide dog" as a generic term, the new guide to canine mobility by Eames and Gardiner is a superb reference manual for professionals and consumers. "Guide dog" is a step backward in the long battle for standardized terminology in our profession, and Eames' and Gardiner's four-part defense of this usage simply isn't logical. The following is a list of their four specious arguments and my reactions to them:

- "Guide dog" enjoys wider usage and therefore should be the generic term of choice.
- Some dog guide schools use the words "guide dog" in their logos. (Yes, "guide dog" is used as a brand name! This is why we reject "seeing eye dog!" This is, in fact, the most compelling argument *against* the use of "guide dog.")
- The California state government prefers "guide dog" to "dog guide."
- The word "guide" is an adjective and should precede the word "dog," as in other types of dogs (such as hunting dog, tracking dog, fire dog, and guard dog).

Yes, the terms in parentheses are adjectival expressions. Each refers to a human activity in which the dog is used as a tool by humans. Thus, a police dog is not a policeman but is used by the police, and so forth. In the case of dog guides, the dog *is* the guide. Hence, "guide" is a noun whose meaning is clear to mobility professionals, and "dog" is an adjective denoting what kind of guide. Therefore, one of of the *many* reasons for the

"insistence on this usage" (as Eames and Gardiner put it) is to *contrast* dog guides with human guides.

The term "dog guide" is descriptive and generic. I hope that it will become a valuable part of our professional glossary because we need more standardized terms in O&M.

The Authors Reply . . .

We disagree with Elliott's claim that the term "dog guide" is either generic or correct. We do not believe that the field of O&M will be disoriented by the dual usage of "dog guide" and "guide dog." The vast majority of blind people refer to their dogs as "guide dogs." Therefore, it does not seem proper for O&M professionals to impose on blind people a terminology that they consider to be conceptually correct. Whose dogs are they, anyway?

In comparing *our* dogs with other dogs, such as police dogs and fire dogs, Elliott suggests that those dogs are under the control of human beings. Elliott seems to have forgotten one of the first principles of mobility with a dog, that is, that guide dogs also are under the control and direction of human beings. Perhaps this debate can be terminated with the following suggestion: Please, Mr. Elliott, let's not be "dog"-matic.

Edwin Eames,
Baruch College,
New York, New York
Toni Ann Gardiner
Kings Park Psychiatric Center,
Kings Park, New York

The Impact of Attitudes Toward Blindness in a Rural Area

by Jerry Tucker,
Bureau of Rehabilitation
Caribou, Maine

As an O&M specialist in rural Maine, I have found that blind people who live in rural areas have to contend with two special problems: the effects of attitudes toward blindness in a small community and the special environmental conditions of rural areas. The problem of the rural environment is well known (although not well documented), but the attitudinal problem is often overlooked.

I have learned, for example, that news or gossip travels fast in rural areas (in large part because of the telephone) and that little seems to slip by. A blind person who is out walking can attract a lot of attention and gossip.

I discussed this situation with six of my present and former O&M students, all of whom are active and accomplished travelers who are blind or partially sighted. They told me that they are particularly sensitive to changes in attitude by lifelong neighbors, friends, and acquaintances. A typical response was, "They don't want to bother with you, and don't speak or visit like they did before my blindness. Did I do something wrong? I feel they don't know how to approach me. I wish they'd come out and ask questions. Strangers talk to me more often and seem more open than they do. When I'm out walking, people stare; it's a feeling that you have." (It is interesting to note that those students who had lived or traveled in large cities found that they felt more accepted there.) Without exception, the students gave me the clear message that there is a need for public education about blindness in rural areas.

O&M and Recreation: Natural Partners

Irene Ludwig
American Foundation for the Blind
New York, NY

The two closely related professions of O&M and recreation are truly "natural partners." However, I think each profession needs to know more about the other if cooperative efforts are to succeed.

The National Therapeutic Recreation Society has adopted a model of therapeutic recreation that has three areas of service; therapy, leisure education, and participation. "Therapy" refers to improving a client's physical, social, mental, and emotional behaviors. "Leisure education" refers to the process of helping people acquire skills and information about resources, as well as positive attitudes toward recreation and leisure. "Participation" refers to providing opportunities for voluntary involvement with a minimum of staff assistance.

A connection between O&M and recreation has infinite possibilities for clients. Recreation motivates clients; helps develop community and public awareness; gives O&M instructors a chance to work with clients in groups, rather than individually; and provides a means for evaluating O&M training.

There even seems to be a positive correlation between one's level of involvement in recreational activities and competence in O&M. For example, Scott McCall, director of rehabilitation services, Atlanta Area Services for the Blind, who is blind and an avid sports enthusiast, believes that blind persons who had little exposure to play activities as young children tend to be poor cane travelers or resort to being route travelers.

Recently, I asked the staff at the residential rehabilitation facility for the blind for their impression of the connection between O&M and recreation. They suggested the following:

- When a person is excited about a recreation activity, he or she is liable to be more excited about learning the mobility skills needed to participate in the activity.
- Since attitude has so much to do with success in O&M, those persons who are motivated to participate in recreational activities will have a positive attitude about learning O&M skills in general.

- Success in recreational activities can build confidence that motivates the student to pursue higher levels of challenge.
- Many specific O&M skills, such as balance, gross and fine motor movements, localization of sound, eye-hand or ear-hand coordination, and spatial concepts, are fostered by recreational activities.

Before we can have a mutually productive relationship and create innovative joint programs, we need to have a dialogue. If you are interested in contributing to this dialogue, please write Irene Ludwig, National Consultant on Recreation and Leisure, American Foundation for the Blind, 15 West 16th Street, New York, NY 10011.

The Peace Corps Needs O&M Specialists

by Douglas L. Baldwin
International Mobility Services
Saginaw, Michigan

When Peace Corps personnel get requests for mobility specialists, they put a red sticker on the document, which means that there is little chance of filling these positions. This year, working with the extensive rehabilitation/special education network of Partners of the Americas (an international exchange program that was also started by the Kennedy Administration), the Peace Corps is conducting an intensive campaign to attract 12 O&M applicants by Summer, 1987. As the sole blind rehabilitation specialist on the Washington, D.C., planning committee for this project, I feel a special responsibility to reach all interested (even curious) members of my profession. The Peace Corps, which is the largest international rehabilitation and special education agency in the world, has 5,600 volunteers in 60 countries, 1,700 of whom are educators. It has been receiving a growing number of requests for special educators from host countries in Central America, South America, and the Caribbean. These requests for mobility specialists result from a consumer movement begun several years ago by the Royal Commonwealth Society for the Blind (England), which sponsored a Latin American Conference in Guatemala at which consumers and agency professionals from all over Central America and South America discussed their common problems, especially the need for O&M specialists. The conference participants returned to their countries with a new awareness and enthusiasm and began to press for mobility services. Suddenly, the Peace Corps was flooded with requests in a new specialty area to which they have not been able to respond. This year—the 25th anniversary of the Peace Corps—every effort is being made to fill these requests.

If you are interested in the Peace Corps or Partners of the Americas, please contact Douglas L. Baldwin, International Mobility Services, 1102 Cass Street, Saginaw, MI 48602. (517) 776-0480 or (517) 793-6029.

LANDMARKS

Announcement of Project Publication

June, 1986 marked the completion of the Early Intervention Orientation and Mobility Project. Funded through the Florida Department of Education, this two-year project originated in the Pinellas County school district, in cooperation with the Hillsborough and Manatee Public Schools. The primary goal of the project was to develop a best-practices model of O&M services for visually impaired preschool children in Florida.

Using neurodevelopment therapy as the theoretical approach, the project focused on delineating characteristics of movement of young visually impaired children. From this information, a movement analysis and a curriculum were developed for visually impaired preschoolers aged 2-5, including children with multiple handicaps.

The publication produced by the project, *Movement Analysis and Curriculum for Visually Impaired Preshoolers*, can be utilized by anyone who works with this population—O&M specialists, vision teachers, preschool teachers, and occupational and physical therapists. It is available free, on request, from the Florida Diagnostic Learning Resource System Clearinghouse, Bureau of Education for Exceptional Students, Knott Building Tallahassee, FL 32301.

A Lucky Touch

Parents know that a caring, loving touch has a deep impact on a child's growth because the bonding process is enhanced by physical contact. When an infant's verbal and physical signals are impaired because of some physical, sensory, or cognitive problem, the normal signals for a social interaction may be mixed or may not clearly indicate the child's need. Thus, the normal interactions between parent and child may be disturbed, and the development of normal attachment endangered. Therefore, parents of handicapped children may need help in developing this bond.

In 1981, the Infant Development Team, United Cerebral Palsy Association of Denver, began to study attachment between infants with disabilities and their parents. The team found that the skin as a sensory system is the most important part of the body and that touch is vital for developing an infant's potential. The result was the development of therapeutic massage for these infants.

Massage results in many metabolic and psychological benefits for developmentally delayed babies. Through good positioning and disciplined massage, the facilitation or inhibition of tone can be promoted. Massage also helps infants integrate their senses and appears to stimulate vocalizations, thus increasing their breath and ability to control their diaphragms.

The team developed an instructional booklet, training tape, and workshop format for massage and has conducted workshops sponsored by the Mountain States Regional Center and the Colorado Department of Education. For further information, write or phone the Infant Development Team, United Cerebral Palsy Association, 2727 Columbine Street, Denver, CO 80205, (303) 355-7337.

The summer 1986 issue of the *NOIR News*, a free one-page bulletin published by NOIR Medical Technologies, was devoted to the use of NOIR sunglasses for clients with low vision (NOIR stands for "no infra-red"). Highlighted in the issue was the NOIR "demonstration kit," which is used by O&M specialists for low-vision evaluations. For further information on NOIR sunglasses or a free subscription to the *NOIR News*, write or phone Peggy Meyer, Advertising Manager, NOIR Medical Technologies, 6155 Pontiac Trail, PO Box 159, South Tyon, MI 48178, 1-800-521-9746.

AER: Our National Mobility Agenda
by Jim Newcomer, Division Nine Chair

"This is the way Division Nine meetings used to be," commented one AER member following the lively and controversial meetings of a reinvigorated division at the AER national conference in Chicago in July, 1986. Nearly 200 O&M specialists and colleagues in a packed room enjoyed a wide-ranging discussion of professional issues, listened to excellent teaching presentations, and made critical decisions in several areas. Cassette tapes of the presentations may be purchased from the AER central office.

With the encouragement of the leadership of Division Nine, David Manzer (British Columbia), chair of the Canadian task force, and his committee presented a unified Canadian proposal to establish standards for AER Canadian certification (to be recognized only in Canada), to extend certification to all present Canadian instructors who apply within a "grandfather" period, and to modify the present university standards to allow Canadian universities to develop training programs that will produce AER-certifiable graduates.

Professional Issues Committee Chair William Wiener and his committee proposed the development of a position paper that would make the division a leader in defining the role of mobility assistants, if there is such a role. After a lively discussion about the issue of paraprofessionals, the consensus was that the reemergence of this issue is probably linked to the growing shortage of mobility specialists and the increased demand for services. It was noted that two training programs for mobility assistants that are independent of the present university structure or AER influence are being planned or in operation and that at least one state (New York) is considering training its own instructors, to the consternation of the university-trained O&M specialists. As a result of this discussion, the division members directed the Professional Issues Committee to pursue its plans for a position paper and to base the paper on data collected from an in-depth survey of members' views. The survey, which was previewed at several local conferences (see Conference Report on the 1986 "nonconference") will be mailed to all 1,000 members of Division Nine in 1987.

At the Chicago meeting, Division Nine members authorized several important changes in certification that subsequently were approved by the AER Board of Directors. Effective immediately, all applications for O&M certification must be obtained from and submitted to the AER central office, 206 North Washington Street, Alexandria, VA 22314. The streamlined, centralized processing procedures are expected to increase the efficiency of the certification process.

The Certification Committee also recommended recognition of the graduates of the O&M program at Texas Tech University, which successfully completed the "University Self-Study Process," including an on-site visit by members of the Certification Committee. The committee was about to recommend that the program at the State University of New York at Geneseo be recognized when word was received that the program had lost its funding and would be discontinued. Thus, members of Division Nine voted to certify the limited number of present students, who have graduated "in good faith" from the program.

The 1986 winner of the Lawrence Blaha Memorial Award was Walter Olenek, who received the award at the Chicago meeting. Olenek is retired from the Hines Veterans Administration Hospital, where he taught O&M for 30 years. In addition, two outstanding young professionals—Peggy Madera and Judy Holmes, both from Illinois—received the first "Citations for Excellence in Direct Service." Both women are well known for the creativity and energy of their in-service and conference presentations, as well as for the excellence of their teaching.

Do experienced O&M specialists need to "return to school" to refresh their skills and competencies? Do recently graduated mobility specialists wish for opportunities to discuss difficult "real life" situations with experienced colleagues? The AER Continuing Education Committee of Division Nine is a new effort by the profession to identify and meet the need for education beyond the initial university training program.

The committee will conduct a survey this year to determine whether professionals would participate in continuing education opportunities. Ideas or comments may be sent to either of the committee's co-chairpersons: William Jacobson, Department of Rehabilitation, University of Arkansas, 33rd and University, Little Rock, AR 72204, or Sandra Rosen, College of Education, Texas Tech University, Box 4560, Lubbock, TX 79409.

CONFERENCE REPORTS
AFB Holds Mass Transit Conference

Over 225 O&M specialists from all over the United States and Canada, as well as Japan and England participated in the AFB-sponsored conference on "The Visually Impaired Traveler in Mass Transit: Issues in Orientation and Mobility," held in Washington, D.C., January 11-12, 1987. A highlight of the conference was the on-site "O&M simulation experience" conducted in cooperation with the Washington, D.C., Metropolitan Area Transit Authority. O&M par-

ticipants, wearing field-restriction goggles and blindfolds, traveled from a Metro station entrance to a train-boarding area. Following the exercise, officials of the Washington Metro demonstrated emergency evacuation procedures.

The more than 30 presentations at the conference will serve as the basis for a resource guide to be published by AFB. For more information on the conference, contact Mark Uslan, National Consultant on O&M, American Foundation for the Blind, 15 West 16th Street, New York, NY 10011.

Israel Hosts International Conference

The fourth biennal International Mobility Conference was held in Jerusalem, Israel, May 26-30, 1986. Most of the presentations were given in English and simultaneously translated into a number of other langauges. Although the conference was more formal than a typical O&M conference in this country, the luxury of a week-long conference afforded many opportunities for participants to meet on a more informal basis. Since Israel is a small but diverse country with many places to visit, participants combined their professional activities with touring.

The proceedings of the conference will be published. For more information, write Nurit Neustadt-Noy, Home Teachers Division, Ministry of Labour and Social Affairs, Karen Hayesod, Jerusalem, Israel, 94266.

Following the international conference, a one-day satellite conference was held at the Jerusalem Hilton Hotel. Bill Wiener chaired the mini-conference, which provided educators of mobility instructors from around the world with an opportunity to discuss relevant training issues. The group concluded that there should be an international exchange of mobility educators.

For more information on the satellite conference, write Bill Wiener, Department of Blind Rehabilitation, Western Michigan University, Kalamazoo, MI 49008.

Indianapolis Meeting Provocative

The 1986 Mid-West "nonconference" took place October 31-November 1, 1986, at the Indianapolis, Indiana, School for the Blind. The highlight of the conference was the keynote address on "Current Issues and Future Trends in O&M," by Bill Wiener of Western Michigan University (WMU). Bill zeroed in on the efforts of the Professional Issues Committee of AER Division Nine with regard to mobility assistants (see the report of the AER Division Nine meeting in Chicago). Bill presented a draft of the committee's questionnaire and received a considerable amount of feedback for modifying the questionnaire.

Bill also discussed new programs that will be available in fall 1987 at WMU, including a specialization in gerontology or low vision, either of which can be combined with mobility or rehabilitation teaching. The specializations add an additional semester to the length of the program at WMU. Finally, Bill discussed the need to reexamine the functional abilities entrance requirement for university training programs.

Attention: ETA Users

The Veterans Administration, through the Rehabilitation Research and Development Unit in Atlanta, is sponsoring a study of electronic travel aids (ETA) users and former users. Telephone interviews will be used to collect the data. If you are an ETA user or have been one and would like to be interviewed, contact Dr. Richard Long or Dr. Bruce Blasch, Rehabilitation Research and Development Unit, VA Medical Center, 1670 Clairmont Rd., Decatur, Georgia 30033; (404) 321-5828.

OBITUARY
Dr. Richard Hoover Dies

The field of services to the blind and visually impaired people lost a good friend and creative pioneer with the death of Dr. Richard Hoover on July 7, 1986. A highly respected ophthalmologist, Dr. Hoover was better known among O&M specialists as the creator of the long-cane technique, which has contributed in an unparalleled way to the creation of opportunities for the blind and visually impaired people throughout the world. Dr. Hoover occupied a unique position in ophthalmology, having revolutionized the training of newly blind people before he studied medicine.

During World War II, Dr. Hoover served with the Army Medical Corps at Valley Forge Military Hospital, which was designated as the center for the care of soldiers with eye injuries. At this hospital, he set up an original regimen for training blind people using a new type of long cane. The Hoover Cane Technique subsequently became the basis for mobility training of blind people all over the world.

After the war, Dr. Hoover returned to Baltimore, where he studied medicine at Johns Hopkins University. After teaching ophthalmology for 15 years at the Wilmer Eye Institute, where he was chief ophthalmologist, he become chief ophthalmologist at the Greater Baltimore Medical Center for 27 years, until his retirement in 1985. In addition, he was a member of the board of directors of the Maryland School for the Blind and the school's ophthalmologist for 24 years. He also was president of the Maryland Society for the Prevention of Blindness from 1959 to 1967.

AFB ANNOUNCES PUBLICATION OF TWO NEW BOOKS



Preschool Vision Stimulation: IT'S MORE THAN A FLASHLIGHT! Developmental Perspectives for Visually and Mutlihandicapped Infants and Preschoolers

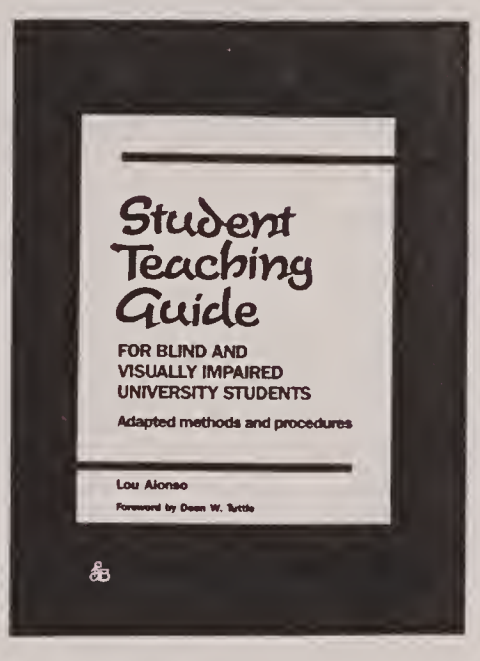
by Lois Harrell and Nancy Akeson
Variety Club Blind Babies Foundation, San Francisco
with a foreword by Creig S. Hoyt, M.D.
Director of Pediatric Ophthalmology,
University of California Medical Center, San Francisco

Intended for use both by professionals who work with visually impaired children and the parents of these children, this new book features carefully researched procedures for preschool vision stimulation and an introduction to the philosophical justification for such procedures. Also discussed are implications of visual impairment on early development with emphasis on visual assessment and common eye disorders. Step-by-step charts are intended to guide application of the vision stimulation procedures. Other sections focus on special "mind games" to stimulate the low vision child and tell parents how to make the most of visits to the ophthalmologist. A glossary of terms, lists of resource organizations and further reading are intended to enhance the book's practicality.
AFB Cat. No. PCP136 (papercover). 60 pp. 33 photos; chart; illustrations.
ISBN 0-89128-136-3

STUDENT TEACHING GUIDE FOR BLIND AND VISUALLY IMPAIRED UNIVERSITY STUDENTS: Adapted Methods and Procedures

by Lou Alonso
Michigan State University, East Lansing
Foreword by Dean W. Tuttle
Professor of Special Education, University of Northern Colorado, Greeley

This guide provides blind or visually impaired university students with information and suggestions to use in preparing for and performing student teaching. The guide can be used by blind and visually impaired education majors in universities; teacher trainers; public school administrators; guidance counselors; rehabilitation counselors; and parents. It provides student teachers with tips on learning skills one must demonstrate in the classroom, such as using a chalkboard, computer, flip charts, composing and preparing of materials and lessons. Adaptations of accepted educational procedures are outlined.
AFB Cat. No. PES142 (large print); PES916 (cassette). 34 pp,
ISBN 0-89128-142-8



Send to: **American Foundation for the Blind, 15 West 16th Street, New York, NY 10011**

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LONG CANE NEWS

The National Newsletter for Professionals Working with the Visually Impaired and Blind Person Who Gets Around

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Two issues per year 1-year subscription $8.00. Discount rate for AERBVI: $6.00

AFB publishes books, pamphlets and textbooks, as well as the monthly **Journal of Visual Impairment & Blindness**, dealing with all fields related to visual impairment and blindness.

Foundations of Education for Blind and Visually Handicapped Children and Youth: Theory and Practice

Edited by Geraldine T. Scholl, University of Michigan, Ann Arbor
Foreword by Berthold Lowenfeld

FOUNDATIONS OF EDUCATION is a unique resource for information and analysis of current options in the education of blind and visually handicapped children, from preschool through high school. Twenty-six specialists contribute material to the 22 chapters. Major sections include: Education for the Visually Handicapped: A Social and Educational History; Definitions, Development, and Theory; Components of a Quality Education Program; and Special Curriculum Considerations.

600 pp; 100 photos; tables; figures; appendices; bibliography; study questions; index; and timeline.
Also available on cassette. **ISBN 0-89128-124-X**

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LONG CANE NEWS

Volume 6 Number 2 Winter 1987

Is There a Role for Mobility Assistants? Results of the Division 9 Survey

by Bill Wiener
Western Michigan University;
Mark Uslan
American Foundation for the Blind

During the 1986 AER Biennial Conference in Chicago, Division 9 members passed a motion calling for a survey of its members on their feelings regarding the necessity of the mobility assistant. Using many of the items developed for the AFB O&M Competency Study as a starting point and after considerable input from professionals in the field, the Professional Issues Committee formulated a questionnaire. The Committee members were concerned primarily with whether or not a role for a mobility assistant exists and with which O&M functions and responsibilities to assign to a mobility assistant.

In addition to asking if there should be a role for the mobility assistant, the questionnaire also gave respondents the opportunity to select from among 52 possible functions and responsibilities for the mobility assistant. The respondents categorized the functions according to whether or not they were appropriate for an assistant in either teaching or monitoring which involves providing some type of practice after the certified O&M specialist has taught the specific skill. "Mobility assistant" was defined as: a person who provides selected O&M services under the direction and supervision of an AER-certified mobility specialist. 39 percent of the 1,076 Division 9 members responded to the questionnaire. The vast majority of those responding felt that a role for a mobility assistant could exist (70% were in favor, 23% were not, and 7% did not respond). However, although over two-thirds of the respondents supported the idea, many had reservations and qualifications. More than half of those who supported a role for a mobility assistant wrote detailed comments stressing their concern. Most stated that mobility assistants may be necessary because of a shortage of qualified instructors but that strict limitations should be placed upon the assistant's responsibilities. It should also be noted that 76% of the respondents had never made use of a mobility assistant and that 81% had never trained an assistant, illustrating that the O&M respondents did not take a position out of a strong conviction for mobility assistants but as a reaction to the needs of consumers.

A high percentage of those responding against the role of the mobility assistant did categorize O&M functions and responsibilities that a mobility assistant "could possibly" assume (90% of those who were against a role completed the entire questionnaire). (From the written comments of these respondents, most clearly felt no ambivalence in specifying a hypo-

TO OUR READERS

Long Cane News (LCN) has become the primary forum for a discussion by the AER O&M Division Professional Issues Committee of whether a role for the mobility assistant in the field of O&M exists. The Committee utilized the 1986 summer issue of *LCN* to examine the necessity for a mobility assistant. The following issue of *LCN* presented reactions to the previous article, further exploring the pros and cons of the mobility assistant. In this issue of *LCN*, we present the major findings of a survey of AER Division 9 membership on the topic of the mobility assistant. Also, in the column "AER: Our National Agenda," Divison 9 Chairperson Jim Newcomer shares news about an important upcoming meeting of the Professional Issues Committee.

I hope you will continue to use *LCN* as a vehicle for the expression of your feelings concerning the work of the Professional Issues Committee as well as any other issues of importance. After all, serving as an outlet for the airing of controversial orientation and mobility issues is one of the most important roles that *LCN* can perform.

Mark Uslan
Editor

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thetical role for the mobility assistant despite the fact that they were against the establishment of any role for the mobility assistant.) These respondents recognized that while they were against the idea of the mobility assistant, if they were in fact "out-voted", they would still like to play a part in the process of role definition.

Results also indicated an overwhelming preference for a monitoring rather than a teaching role for the mobility assistant. For each of the 38 items that require a choice between teaching and monitoring, the respondents chose monitoring over teaching by median of 22 percent. The monitoring functions endorsed by over 50 percent of the respondents, in descending order from the most to the least supported items were:

- Sighted guide (82%)
- Indoor self-protective techniques (81%)
- Spatial concepts (73%)
- Body image concepts (73%)
- Time concepts (72%)
- Environmental concepts (71%)
- Indoor familiarization (71%)
- Olfactory discrimination (71%)
- Indoor navigation (69%)
- Non-optical aids (near) (67%)
- Sensory motor development (67%)
- Auditory discrimination (66%)
- Use of haptic sense (66%)
- Indoor diagonal cane technique (66%)
- Use of proprioceptive sense (63%)
- Use of vestibular sense (63%)
- Fundamental movements (62%)
- Non-optial aids (distance) (60%)
- Improvement of visual functioning (58%)
- Use of support canes (57%)
- Reflexive development (57%)
- Optical aids (near) (57%)
- Cane handling (57%)
- Indoor stair travel (57%)
- Indoor touch technique (55%)
- Optical aids (distance) (53%)

The responsibility of maintaining, ordering, and assembling canes was supported by 76% and developing social skills was supported by 57% of the respondents.

A complete account of the survey can be obtained from the AER Division 9 Professional Issues Committee (Bill Wiener, Chairperson) or the *Long Cane News* (Mark Uslan, Editor).

The survey results will be helpful to the Committee in a number of ways. They provide unequivocal support for the necessity of formalizing a role for a mobility assistant. The tabulated responses to the 52 items provide useful documentation on the level of support for each. In addition, the wealth of written comments will be useful in developing a philosophical position. The final position statement will incorporate the feedback provided by O&M specialists at regional meetings. If you wish to comment on any aspect of the survey or on the overall issue of the role of the mobility assistant, direct your comments to the AER Professional Issues Committee (see page 6 for a listing of Committee members).

FROM OUR READERS

Liability Insurance

by Elga Joffee
New York City Board of Education
Educational Vision Programs

For O&M instructors not employed full-time, obtaining professional liability insurance is a persistent problem. The coverage made available to members of AER only insures instructors who offer private consulting if these instructors can document that they are also employed full-time.

I recently researched the problem. McGuinnes and Associates, 2135 Wisconsin Avenue, NW, Washington, DC 20007, is an insurance brokerage firm that was responsive to requests for an underwriter of O&M liability policy. After reviewing the O&M specialist's job description, the insurance broker classified O&M as an allied health profession and located a policy written for allied health professionals that would cover the activities of an O&M specialist.

McGuinnes considered an O&M specialist, for insurance purposes, to be a Rehabilitation Therapist for Blind or Visually Impaired Persons. The underwriter requires a written statement from an O&M specialist defining the extent of the professional activities that carefully delineates O&M service from low vision optometry or physical therapy. This distinction reveals that the insurance underwriters will only issue insurance for activities for which a professional certifying body issues a license or certification.

It appeared that McGuinnes' underwriters had rejected O&M instructors for coverage in the past out of concern that vision stimulation, maximization of residual vision, correction of veer, posture and gait development entered the professional domain of optometry and physical therapy areas in which O&M specialists clearly could not be certified.

A vice president of McGuinnes' Chicago office in charge of allied health care liability policies worked with me to devise the following acceptable description of an O&M specialist's role. Based on the description, a $1,000,000–$3,000,000 liability policy was issued at the cost of $186.00 per year:

"An O&M specialist works with legally blind clients of all ages to develop or to restore independent mobility which is lost or impaired because of visual disability. This work involves developing conceptual awareness of the body and the environment, auditory training for the effective use of sound cues, training of remaining senses, teaching self-protective techniques, teaching direction-taking skills and the use of the long cane in all relevant environments. This work does not include restoring physical mobility of joint or muscle by manipulation or in any way providing physical therapy. Clients receive instruction in maximizing the use of their unimpaired senses and residual vision. However, the O&M

specialists does not perform the kind of visual training that would be provided by an optometrist.

"O&M specialists are duly certified to provide this therapy by the American Association for the Education and Rehabilitation of the Blind and Visually Impaired and are members in good standing of this professional organization. A copy of the certification document is attached."

O&M specialists who do not work full-time can get a liability insurance policy underwritten using the above description of the O&M specialist's role.

Assessment Methods for Crossing Streets With No Traffic Control

by Dona Sauerburger
Gambrills, Maryland

"Can I safely cross this street? It does not have any traffic controls," my client asked me one day early in February, a few weeks after a blind couple had been killed crossing that same street only eight miles away. My client had Usher's syndrome, with only 3 to 5 degrees of central field left, and we had both been pleasantly surprised to learn that she could use that vision efficiently enough to cross safely at any intersection with a traffic light. We had begun by evaluating and practicing street crossing in quiet residential areas, where we determined that she saw cars from more than a block away. She learned to cross at a quiet intersection with a busy parallel street. After she had become quite proficient at crossing very complicated intersections, involving traffic lights, I felt I could begin to teach her to use buses. Now she was asking me the question I had assumed she would answer herself--did she have the accuracy of vision and good judgment to cross a busy street with no traffic control?

Another mobility instructor's blind client, who lives on a long, winding rural highway, chose a place to cross where the client could best hear the cars. Later, a representative from guide dog school chose another place that seemed better. Even later, the client decided to disregard both suggestions, and she and her husband chose a third place for her to cross. Which place was best? Were they equally good or were they all too dangerous?

Just recently, a client of mine with low vision brought up another difficult question. Sometimes, during a break in traffic as she was about to step off a median strip and finish crossing the last two lanes of a busy street, she would notice a car in a library exit only about 20 feet away, waiting to make a right turn into the street in front of her. She couldn't see inside the car to determine whether the driver saw her, so we decided it was best to assume the driver did not see her, because drivers turning right often watch the oncoming cars from their left rather than pedestrians on their right. Given that supposition, she wondered if it were safe enough for her to cross without waiting until the car pulled out and passed her.

Visually impaired travelers must continually make decisions about crossing streets where no traffic control exists. They ask questions such as:

- How safe is a crossing?;
- To what extent can vehicles be detected? and
- Do low vision or hearing devices enable a person to better detect vehicles from far enough away?

Generally, the client can use his or her judgment to answer these questions. But how accurate is that form of judgment? And, when clients turn to us as mobility instructors to help make these judgments, can we assume that our judgment is any better then theirs?

Obviously, we need to provide our clients and ourselves with methods of obtaining more objective information to make these decisions about crossing streets without traffic controls. Naturally, no method will be foolproof. This is true of all our mobility techniques—we cannot guarantee our clients that, for example, if they use our techniques for crossing a traffic light, they will never be hit by a car running through a red light. All we can do is teach the best possible method to make the most reasonable and safe decisions.

Another suggestion for more objectively assessing street crossings with no traffic control, which I have been working on, involves using a stopwatch to measure two critical variables—crossing time and the time it takes to perceive a vehicle.

Your assistance in providing feedback, as well as field testing these methods, would be very helpful. If you would like a description of the timing methods and how they can be used, send a self-addressed business-size envelope with 39 cents postage to *Dona Sauerburger,1606 Huntcliff Way, Gambrills, MD 21054.*

Recent Developments at Western Michigan University

by Bill Wiener
Western Michigan University
Kalamazoo, Michigan

The purpose of this open letter is to acquaint the readers of *Long Cane News* with the current status and recent developments within the Department of Blind Rehabilitation at Western Michigan University.

The Department, housed within the College of Health and Human Services, currently consists of seven faculty members and two staff members. Faculty in orientation and mobility are Mary Weessies, Bob LaDuke, and Jim Leja. Our rehabilitation teaching faculty includes Paul Ponchillia and Susan Vlahas Ponchillia.

The Department offers O&M and rehabilitation teaching (R.T.) programs which emphasize low vision and special populations. Additionally, in conjunction with the Department of Special Education, we offer two dual options in Special Education-Visually Impaired and O&M: a five-year program for undergradu-

ates leading to a graduate degree and a two-year graduate program. We also offer a five-semester combined program in O&M and rehabilitation teaching.

Our most dramatic changes will be in two new specializations: low vision and gerontology. Students enrolling in our new low vision specialization take an additional four courses designed to prepare them for advanced low vision practice in O&M or R.T. They will be prepared to provide both functional and clinical evaluation in the training environment and the low vision clinic. The program requires four semesters to complete and includes a field experience in a low vision clinic. Students enrolling in our new four-semester gerontology specialization will take an additional four courses and a specialized placement designed to prepare them for practice with the elderly.

Students entering any of our programs enroll in a series of core courses which include Physiology and Function of the Eye, Introduction to Low Vision, Principles of Orientation and Mobility, Dynamics of Blindness and Rehabilitation, Inter-Professional Seminar on Multiple Handicapped, Small-N-Research, Low Vision Evaluation, Gerontology, and Independent Research. Students in the Orientation and Mobility sequence further specialize in Introduction to Methods of O&M, Education of the Blind, Community Agency Resources, Practicum in O&M, and Internship in O&M.

During the past year, we have made several changes in the curriculum. The department now offers its own research course which emphasizes small group and single subject design. We feel this best serves the research needs of mobility specialists and rehabilitation teachers. The offering prepares students scientifically to investigate different instructional approaches without having to use the traditional experimental models.

Two new O&M courses will soon be offered: "Issues in Independent Travel" will focus on instructional techniques in such areas as computer use in mobility, travel in the rapid rail environment, and design and fabrication of tactile and auditory maps. "Practice Issues in O&M" will deal with ethical concerns, the development of human relations skills, and identification of community agency resources.

We have also recently added a computer to our offerings in R.T., a skill which promises to solve many communication problems and to open up a vast array of information to visually impaired people. Our course focuses on the special adaptive devices that enable visually handicapped individuals to access a computer.

In the area of low vision, we now require students to take an additional low vision course. Taught by an optometrist, this course emphasizes the more clinical aspects of low vision service.

It is possible to enter our regular programs in the fall, winter or spring. Through our federal grant, we offer generous assistance with tuition and provide stipends. Like the Marines, we are always looking for a few good people.

For more information, contact *Bill Wiener, Chairperson, Department of Blind Rehabilitation, Western Michigan University, Kalamazoo, MI 49008; (616) 383-8020.*

News From The University of Arkansas

by Bill Jacobson
University of Arkansas
Little Rock, Arkansas

Next summer at the University of Arkansas, Little Rock, we will be holding our second of a three-year, summer-only mobility program for teachers of the visually impaired. The program will provide a minimum of 18 hours of coursework in O&M leading to AER certification eligibility and/or an M.A. degree in O&M. Ten students receive stipends that provide free room and board at the Arkansas School for the Blind, free tuition, and a weekly living allowance.

We now videotape O&M students during blindfold experiences. This approach has proven successful in enhancing learning without increasing faculty teaching time. Students projects include the videotaping of students role-playing various travel situations which will then be used in seminar discussions.

Lastly, Nora Griffin-Shirley has left the O&M program at the University of Arkansas, Little Rock, to work in the Veterans Administration in Decatur, Georgia. We now have an opening for an instructor or assistant professor.

For more information on our program, please contact: *William H. Jacobson, Ed.D., Project Director, Rehabilitation Personnel Programs, University of Arkansas at Little Rock, 2801 S. University Avenue, Little Rock, AR 72204; (501) 569-3169.*

Working in West Germany

by Dawn Werner
Clarence, New York

In August, 1986, I received an opportunity to teach in West Germany for four months at Institut für Rehabilitation und Integration Sehgeshädigter (IRIS), preparing prospective orientation and mobility instructors. I decided to accept and in late September I found myself in Hamburg, Germany.

In 1979, Dennis and Pamela Cory founded IRIS to prepare O&M instructors and rehabilitation teachers. In addition to the foreign staff from the USA, Peru, Austria, and France, I encountered students from Germany, Austria, Switzerland, and Italy. When the six IRIS staff are not involved with personnel preparation, they provide direct service to the visually impaired.

My German consisted of approximately 3 form sentences and 50 words. Fortunately, at IRIS I could teach in English, since most of the O&M students knew enough English for me to teach the simulation sessions without translation. In group sessions and seminars, simultaneous translation was provided.

IRIS was set up to include two blindfold/low vision simulation sessions in its teaching day. The students progressed from learning sighted guide to travel in a congested downtown area using public transportation. Videos were made and regularly used in the seminars, offering the students an opportunity to review and analyze lessons, including varying environmental conditions.

We spent extensive time on the public transportation unit, as mass transportation is a major means of travel in Germany. In addition to buses, the students had experience with the subways and subway stations, suburban trains, intercity/international trains, large train terminals, and streetcars. While the general characteristics of being on a platform did not differ, the nature of train entrances and techniques for locating doors and seating varied greatly with the different forms of transportation.

IRIS was an exciting place to work, and I am glad I had an opportunity to interact with such an enthusiastic and professional group. The Corys welcomed the opportunity to spend time with someone active in the field of visual impairment in the USA. All of us shared ideas and knowledge, which was invaluable because we had a common knowledge base but different experiences. The staff expressed their enthusiasm for their teaching by spending extra time with the students, preparing for the lessons with dedication, searching for that "extra" opportunity to give the students more. I found it inspiring to encounter teachers who were involved on the national and international level with their professional organizations.

For further information about the IRIS Program, write to *Dennis Cory, Institut für Rehabilitation und Integration Sehgeschädigter, Sierichstr 56, D-2000 Hamburg 60, Federal Republic of Germany.*

LANDMARKS

Recently, Drs. Randall Harley, Principal Investigator, and Mary-Maureen Hill, Co-Investigator, of Vanderbilt University were awarded a three-year Field Initiated Research grant to examine the O&M needs of aged (60+ years) visually impaired (legally blind) persons. The grant will focus on developing an O&M assessment and training instrument for aged persons living at home or in facilities for the aged. The instrument will emphasize primary O&M needs of sighted guide and self-protective techniques as well as other motor, sensory and conceptual skills necessary to travel independently in the home environment.

The specific goals of the grant are: a) to develop a valid and reliable instrument with which to assess orientation and mobility skills of visually impaired persons over 60 years of age; b) to establish normative data; c) to develop and validate an instructional program in orientation and mobility for aged visually impaired persons; d) to provide trainers, families, and volunteers with the necessary background knowledge and skills to teach basic orientation and mobility skills; e) to replicate the instructional program in other settings; and f) to disseminate information about the assessment and instructional program locally, regionally, and nationally.

At present, we are conducting an intensive literature and instrument materials search to determine what instruments and materials O&M specialists and others currently use to provide mobility training to aged visually impaired persons. If you provide O&M services to aged persons, and use any formal or informal assessment and/or training materials with your clients, the project staff would like to know what you're doing. Even if your training involves skills that you have developed yourself, they would be interested in hearing from you.

If you are interested in learning more about the project, write or call: *Dr. George J. Zimmerman, Vanderbilt University, Box 328, Peabody College, Nashville, TN 37203; (615) 322-8162.*

* * *

The U.S. Administration on Aging recently approved an AFB grant application for a 17-month project entitled "A Training Model to Teach Community Outreach Workers to Train Elderly Blind and Visually Impaired American Indians Independent Living Skills: Focus on Family Rehabilitation."

AFB will develop a training model for 200 Indian community health representatives who will teach 10,000 elderly blind and visually impaired American Indians adaptive independent living skills. The project intends to ensure physical and psychological independent functioning and to prevent costly and premature institutionalization.

The training model will be disseminated to local, state and federal organizations and agencies on aging and blindness as well as to national American Indian organizations.

The community health representatives (CHRs) will receive one week of training which will include the areas of psychosocial reactions to vision loss, basic information concerning the eye and prevalent eye conditions of the elderly, basic rehabilitation and indoor orientation skills, information concerning low vision aids, and resources. This training will enable the CHRs to recognize when an older American Indian experiences vision problems and will give the CHRs sufficient information to introduce the client to very basic techniques. If the client desires further training, he/she will be referred through the CHRs to the local blindness agency. At that point, professional rehabilitation teachers and O&M instructors will be able to provide more comprehensive training.

For more information regarding this project, contact *Alberta L.Orr, project director, American Foundation for the Blind, 15 West 16th Street, New York, NY 10011; (212) 620-2034; or Jamie Casabianca Hilton, director of training on the project, also at AFB; (212) 620-2052.*

* * *

The Florida School for the Deaf and Blind has chosen O&M specialist Susan Testa as its Teacher of the Year. Some of Susan's many accomplishments include setting up a low vision clinic, developing a tactual map of

the campus, producing a video tape of the O&M program, and working with the University of Florida on a plan for landscaping the campus in a way that will enrich the O&M curriculum.

* * *

O&M Specialist Mike Dillion has had considerable success using a crutch-mounted Mowat Sensor for a totally blind client hospitalized for seven weeks and temporarily on crutches. For more information on crutch-mounting a Mowat Sensor, contact: *Mike Dillion, Commission for the Blind and Visually Handicapped, 333 East Washington St., Syracuse, NY 13202.*

* * *

The final report of the federally funded Preschool O&M Project, conducted by Peabody College/ Vanderbilt University, can be obtained from ERIC, Clearing House on Handicapped and Gifted Children, 1920 Association Drive, Reston, Virginia 22091. For an executive summary of the report, write to: *Everett Hill, principal investigator, Department of Special Education, Box 328, Peabody College/Vanderbilt University, Nashville, TN 37203.*

AER: OUR NATIONAL MOBILITY AGENDA

Professional Issues Position Paper

by Jim Newcomer, Division 9 Chair

AER Division 9 and the American Foundation for the Blind are pleased to announce a jointly sponsored meeting of the Professional Issues Committee at Camp Bloomfield, Malibu, California, on February 6–7, 1988. The purpose of the meeting will be to finalize the "Mobility Assistant" position paper, which will be distributed to division members this spring for their approval in a mail ballot. The issue itself received national attention in two past issues of *Long Cane News*. Division members vigorously discussed the issue in Chicago last summer at the AER International Conference, and approved the concept of a detailed membership survey that would serve as a foundation for the position paper.

Over four hundred division members returned their completed surveys, many accompanied by detailed comments. Preliminary results have been discussed at recent AER regional conferences, and a summary of the final results are included in this *Long Cane News.* Under the direction of the committee chairperson, committee members will be writing position paper drafts prior to the February meeting. The committee welcomes your written comments.

Committee Members

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Montreal Plans

In addition to the division's vigorous and issue-oriented business meetings, Dr. Everett Hill's Program Committee has issued an announcement and call for poster presentations for the Montreal AER International Conference, July 10–14, 1988. The poster session format is new to Division 9, providing an increased opportunity for numerous mobility instructors to share their teaching techniques or research. Projects are posted on bulletin boards with the presenter (s) standing with the display, available for discussion with whoever shows interest. Possible topics include Rural O&M, Preschool O&M, O&M for the Aged, Transitioning and O&M, Technology and O&M, and O&M and Low Vision, but we will consider any topic related to Orientation and Mobility. For more information, write to: *Dr. Everett Hill, Box 328, Peabody College, Vanderbilt University, Nashville, TN 37203.*

Licensing

Several Division 9 members have suggested that the licensing of orientation and mobility specialists would enhance the status of the profession. Not only would licensing be a major advance for the profession, but licensing would increase the likelihood of third-party funding of instruction. The small number of mobility instructors in individual states responsible for esta-

blishing licensing standards has been problematic. If you have tried, successfully or unsuccessfully, to accomplish licensing in your state, please share your experience with either of the Division 9 Licensing Committee's co-chairpersons: *Susan Herman, 99 Park Avenue, Apt. 7, Rochester, NY 14607, or Mary-Maureen Hill (see Peabody College address above).*

Certification

Canadian Orientation and Mobility Specialists are now in the second and final year during which they may be certified by AER under the "grandfather" provisions adopted in Chicago last summer. This opportunity will not be repeated. After October, 1988, only Canadian instructors who are graduates of AER-recognized university training programs will be eligible for certification. Applications and instructions for all certification applicants are available from: *AER, 206 N. Washington Street, Alexandria, VA 22314.*

Call for Awards Nominees

Division 9 will again bestow the Lawrence Blaha Memorial Award in Montreal to an individual who has made significant contributions to the field of Orientation and Mobility, and who embodies the ideals exemplified by Mr. Blaha. The three most recent recipients have been Walter Olenek, Lee Farmer, and Warren Bledsoe. Additionally, the division will award its second "Citation for Excellence in Direct Service," an award intended to encourage Orientation and Mobility Specialists whose present excellent teaching records foreshadow promising careers in our profession. Judy Holmes and Peggy Madera in Chicago were the first recipients of the citation. Names of nominees for either award, supported by a statement of qualifications, may be sent to the committee chairperson, beginning January 1, 1988. The deadline for nominations is March 31, 1988. Committee members are Chairperson Dennis Lolli (14 Gay Street, Newton, MA 02160), Gala Brooks, Patricia Bucci, Steven Sanford, and Jim Newcomer.

Call for Nominations

The Montreal International Conference will see the election of the following division officers for the 1988–1990 period: Chairperson-elect, Secretary-Treasurer, and South Central Regional Director. Everett Hill assumes the responsibilities of Division Chairperson at the conclusion of the conference. Regional Directors elected at this summer's regional conferences are Susan Herman (Mid-Atlantic), Bill Muir (Southwest), Judy Hayes (Southeast), and Susan Olsson (North Central). Regional Directors from the Northeast (November 5–7 in Plymouth, MA) and the Northwest (October 1–2 in Boise, ID) are scheduled for election this fall. Names of nominees for Chair-elect, Secretary-Treasurer, and South Central Director, supported by a statement of qualifications and the nominee's agreement to be a candidate, may be sent, beginning January 1, 1988, to the committee chairperson. Deadline for nominations is March 31, 1988. Committee members are Gerald Kitzhoffer, Chairperson (2 New Street, Cranford, NJ 07016), David Kappan, Robert Mills, Dona Sauerburger, and Jim Newcomer.

CONFERENCE REPORTS

Southeast O&M Association

On February 26–27, 1987, approximately 180 participants attended the 1987 Southeast O&M Association (SOMA) Conference held in Nashville, Tennessee. Mary-Maureen Hill of Peabody College/Vanderbilt University chaired a very successful conference. The two-day conference included 9 general sessions and 22 poster sessions. Everett Hill staged one of his special events that has certainly become a Nashville tradition—a fun filled "Rock Opera". Next year's SOMA will be held in Atlanta, Georgia. For further information, contact *Bruce Blasch, Ph.D., Veterans Administration Medical Center, 1617 Clairmont Road, Decatur, Georgia 30033; (404) 321-6111, Ext. 6772.*

UPCOMING CONFERENCES

International Symposium on Blindness and Visual Impairment

The American Foundation for the Blind and the Foundation for the Junior Blind are sponsoring "Vision Loss: Everybody's Business," an international symposium on blindness and vision loss, to be held February 3–6, 1988, at the Beverly Hilton Hotel in Beverly Hills, California.

The Symposium will feature three keynote speakers: Alex Haley—author, historian, and commentator on the past present and future; Alvin Toffler—author, social critic, and futurist; and D. Nico Spinelli, M.D.—scientist and authority on the development of prosthetic vision systems.

Conference workshops will cover four topics: Health Care; Transportation and Public Safety; Medicine, Science, and Technology; and Commerce, Business, Industry, and the Media. "Lunch and Learn," a special format conference luncheon, promises to be informative and a great way to meet new people and share ideas.

Four affiliate conferences will be held in conjunction with the symposium: the National Association for Parents of the Visually Impaired, the Josephine L. Taylor Leadership Institute, the Second International Conference on Low Vision, and a National Symposium on Aging and Vision. For more information on the Symposium, contact: *Mark Uslan, American Foundation for the Blind, 15 West 16th Street, New York, NY 10011; (212) 620-2041.*

OBITUARY
Joseph Skahill

Members of the field of orientation and mobility are saddened to note the untimely death of Joseph Skahill. Joe studied O&M at Boston College and dedicated his professional career to teaching at Catholic Charities and at the New York City Board of Education. Joe was an advocate for blind children's O&M programs and his presence will be missed.

A mobility scholarship has been established in Joe's memory. The Joseph A. Skahill Memorial Award will be given annually for excellence in mobility achievement to a deserving young blind person. For more information about contributions or nominees, please contact: *Ceil Schnapik at J.H.S. 194, 154-60 17th Avenue, Whitestone, NY 11357.*

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LONG CANE NEWS

Volume 7 Number 1 Summer 1988

TO OUR READERS

This issue of the Long Cane News (LCN) brings together opinions, new ideas, and important updates on the use of technology.

The question of how effective are existing electronic travel aids (ETAs) such as the Sonic Guide, Laser Cane, Pathsounder, Mowat Sensor, has always elicited mixed reactions from O&M specialists. Some feel they are terrific and some feel they are a waste of money. Dr. Bruce Blasch, associate director of the Rehabilitation Research and Development Unit at the Veterans Administration Hospital in Decatur, Georgia, is determined to shed light on the question by surveying blind people trained to use ETAs.

In the first of a two-part interview with Bruce Blasch, I posed the question, "What has your experience been with ETAs and what led you to initiate a study to evaluate the usefulness of ETAs?" The lead-off piece in this issue is Bruce's responses. In the next issue of the LCN Bruce will discuss the results and implications of the VA study on the usefulness of ETAs.

Mark Uslan
Editor

Bruce Blasch on ETAs

My attitude toward ETAs has always been, "wait and see what develops." To me, the problem has always seemed to be that there were more mobility specialists trained to teach ETAs then there were blind people in training. For instance, I go to a fair number of conferences and it is seldom that I see a blind person using an ETA. Of course, I don't know the blind people who were trained to use ETAs and maybe a lot of these people just don't go to the professional meetings I go to. Even so it is hard to get real excited about ETAs when it doesn't appear that many blind people are interested in them.

In O&M we have been burned many times with technology that was designed by engineers who did not understand the needs of the people who they were designing the technology for. Yet engineers can and do design devices that are extremely useful today. For instance, the microwave oven has changed so many of our cooking habits and fits nicely into our modern day life styles. And there are other examples such as the video cassette recorder, and of course the personal computer. Unlike ETAs these devices have proven that they are useful — people buy them and even demand better and better ones. Well, I haven't seen that same kind of interest in ETAs.

So I wrote a grant in order to conduct a survey and really find out some definitive answers about the usefulness of ETAs. Some of the questions I intend to get answers to are: Of the people that were trained to use ETAs how many are actually using them? If they

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Contributing Editors: Vince Fazzi, Azusa Unified School District, Azusa, California; Judy Holmes, Illinois School for the Visually Impaired, Jacksonville, Illinois; Elga Joffee, Northport Veterans Administration Hospital, Northport, New York; Mary Maureen Hill, Ed.D., Peabody College, Vanderbilt University, Nashville, Tennessee.

are using them where are they finding them useful? What is the "profile" of the individual who uses an ETA and finds it beneficial? What features do they like about the ETA? And on the other side of the coin, if they were trained to use ETAs and did not use them I want to know why they are not using the ETA. What didn't they like about it? Why did they discontinue its use? And then if they could redesign the device what would they like? Would they recommend an ETA to a friend of theirs if they were provided free? What if they had to pay for the ETA?

The grant was funded and I began the study by asking ETA manufacturers how many devices were produced. In total, between the Pathsounder, the Sonic Guide, the Mowat Sensor and the Laser Cane, they gave me a figure of 3,500 devices. Of that 3,500 it was determined that a maximum of about 1,000 devices were actually placed in the hands of blind individuals. Then we did a really exhaustive search in an attempt to track down all the persons who received the devices. After turning over every stone, we got a master list of about 629 names. To date we have interviewed 263 people. I think we are going to end up with about 300 interviews. That would be a good sampling—almost 50 percent.

The research team on this project includes Nora Griffin-Shirley who is doing the bulk of the phone interviews and Dr. Richard Long who has designed the interview questionnaire and who will be analyzing results. The research methodology will be controlled for every possible bias. I want the results to stand up to the most rigorous standards of research. We will report on our initial findings at AER in Montreal this summer.

Uses for a Simple Homing Device

by
Mary Maureen Hill
Peabody College/Vanderbilt University
Nashville, Tennessee

Mark Uslan recently shared a series of interesting letters he received about a simple auditory homing device to help a blind person locate a destination within earshot. The concept of the homing device came from Walt Stromer, a blind person from Iowa. He presented the following problem:

> When I return home from a trip during a blizzard, our long driveway is often drifted full of snow, and I have to guess at where the house is, and sometimes I don't find it. At such times I need to push a button and hear a sound source that would lead me to my front door.

With the help of his brother-in-law, Walt solved the problem by putting together a small homing device made up of radio control sending and receiving units and an intermittent sound source. When he gets near his house he pushes the button on the pocket-sized sending unit which activates the receiving unit and sound source placed at his front door. The cost of the components totaled $32.00.

The device worked well and he had another built for a girl who is blind and retarded. Then he passed the device on to his friend Russ Williams. When O&M specialist Linda Sussman heard about the homing device, she envisioned many potential uses. Russ' and Linda's reactions to Walt Stromer's homing device follow.

We would also like to have input regarding potential uses for this type of device from other LCN readers. What are the implications for its use with older blind persons, with preschool blind children, with multiply handicapped persons, etc.? Please respond to either Mary Maureen Hill, Peabody College/Vanderbilt University, Department of Special Education, Nashville, TN 37203; (615) 322-8182 or to Mark Uslan, American Foundation for the Blind, 15 West 16th Street, New York, NY 10011; (212) 620-2041-2.

*

Reaction

by
Russ Williams
Bethesda, Maryland

I have been interested in a homing device since way back in the mid-fifties. When I go fishing each spring in Minnesota, I like to go down the shore a couple of hundred yards to fish. I go at times when there are no fixed sound sources around and few direction takers available in the trees, bush and mud. After awhile I gave this up because getting where I wanted to go and getting back was too tough for the fun of it.

I also like to wade or row out into the lake to fish. But I

need a return sound source that is reliable. No sound at the dock when I return, ruins my fun.

I have used Walt's homing device around my neighborhood and it does what I want. I use the device around the back yard when I am out picking up trash or otherwise doing things where I want to get back to a known point. Also it will go to Minnesota with me.

For me, I do not think of the homing device only for outdoor use. I can think of quite a few ways in which it could have helped in hotel corridors or lobbies when I needed relationship information about new places and did not have the time to become sufficiently oriented to get the job done.

Reaction

by
Linda Sussman
Volunteers for the Visually Handicapped
Bethesda, Maryland

One of my clients had a stroke and has severe spatial disorientation. He has lived in his house for many years, but the stroke has made it very difficult for him to remain oriented in this "familiar" environment. I have tried a number of things to help him with simple routes. To get from the bed to the bathroom, I placed a strip of carpet on the linoleum floor. However, the tactual feedback to his feet does not seem adequate. He does not always realize that he has walked off the contrasting surface. The one thing that did work was tying anelastic ribbon from the chair in his study to the downstairsbathroom doorknob. He can follow the ribon to the bathroom andback again. The reason that I did not use this method for theother routes was that the ribbon would have crossed a hallway. There is a possibility that an audible homing device might solve this problem.

The ideal homing device for this client, assuming that he would be able to adequately respond to the auditory feedback, would have approximately three different sound sources for three different routes. The mechanism to be carried by the client would have to be small enough to be carried around in a pocket.

Another client I am working with has similar orientation problems due to organic reasons other than a stroke. She, however, also has a bilateral hearing loss. To get from her sofa to her kitchen door necessitates crossing a living room which is about 13 feet wide. I put a plastic runner across the carpeted room, but she often leaves the runner without realizing it. I certainly cannot tie a string across the middle of her livingroom, though I must admit to being tempted to do so. Perhaps a homing device that provides tactual feedback would be helpful in this case. I am, however, not certain that she would be able to respond accurately. It would be worth a try.

I am thinking back to other clients without disease related spatial orientation problems who might have been helped by a homing device. I had a client who lives in a townhouse which is two thirds of the way down an unusually long block. Landmarks are scarce; most of the townhouses are identical. There are other ways of getting around this problem, but after a long day at work and a long commute home, a homing device might be a welcome relief.

Could a blind parent attach a version of this device to a child who is old enough to go outdoors to play so that the child can be located?

It would be worth the effort to experiment with a homing device for problems such as these.

Reactions to an ETA Workshop

by
Jennifer Meagher
New York City Board of Education
Education Vision Programs

Elga Joffee
Northport Veterans Administration
Medical Center
Northport, New York

Frances Katkov
New York City Board of Education
Education Vision Programs

Dolores Schmitt
New York City Board of Education
Education Vision Programs

This is a report on the reaction of four mobility instructors to a course given by Nurion Industries focusing on the Laser Cane. Also presented in the course was

a brief introduction to the Polaron, and the Step-Forward Sensing Device, two new products developed by Nurion Industries. The Polaron is an ultrasonic sensing device that can be either chest mounted or hand held. The Step Forward Sensing Device utilizes ultra-sonic and laser technology to provide a wheel chair user with advanced information about the traveling environment. The course was jointly sponsored by Travel Aids for the Blind, Inc., Exton, Pennsylvania (see Landmark, page 5) and the New York City Board of Education, Educational Vision Programs. Three of us have been teaching O&M for over ten years but had no prior exposure to electronic travel aids. Two of us deliberately had not sought out electronic travel aids because we assumed these devices had no relevance to travel or to the work we were doing with school children. The reason we participated in the course was because Elga had worked with some ETAs and had encouraged us to be open-minded and learn more about ETAs and their potential in the public school system.

The course focused on learning to use the Laser Cane, exploring applications for teaching school aged children; and covered topics such as using the Laser Cane to motivate students, teach concepts and environmental awareness, and improve safety in travel.

After the workshop we completed a follow-up questionnaire in order to gauge our initial impressions of using the Laser Cane. Overall, we felt that the use of the Laser Cane could provide more information about the environment, reduce anxiety during travel, and provide a greater sense of safety in travel. We attributed this to the fact that the Laser Cane helped in avoiding obstacles, navigating smoothly in crowded areas, traveling securely along subway platforms, and negotiating intersections where cars were illegally parked in crosswalks.

Learning about the Laser Cane and receiving exposure to the Poloran and the Step Forward Sensing Devices provided a spark of creativity and excitement to our work. We are now planning to evaluate students for travel with the Laser Cane at the beginning of the upcoming school year. We will also be exploring the use of the Step Forward Sensing Device to help wheelchair bound students. To us, the ETA workshop created new opportunities for the blind children we serve and for ourselves, as their teachers.

Seeking Input on High Tech Canes

by
Scott E. Lukas
McLean Hospital—Harvard Medical School
Belmont, Massachusetts

Lillian Ruth Lukas
Arlington, Massachusetts

Does a blind person who uses a cane need to avoid puddles of water? What about patches of ice? Does a blind person need a cane that emits a sound when accidentally dropped, thus making it easier to retrieve? We have designed and built a number of canes that solve these problems. The "puddle detecting cane" only costs about $12.00 to make.

While we have simple electronic solutions, we do not know if the problems are truly in need of being solved! Please write to us with your comments. Our address is 169 Charlton Street, Arlington, MA 02174.

Doppler Vehicle Detection for Blind Person

by
John Zwiebel
Linear Measurement Technology Corporation
Lafayette, Colorado

The potential for developing a small microwave doppler sensor which can be used to detect the presence of motion now exists. The most obvious use by a blind person would be for identifying traffic and safely crossing the street.

Linear Measurement Technology Corporation (LMT) has developed a hand-held microwave system which presents an audio signal to the user to determine the direction and speed of objects moving relative to him. After a short period of training, users are able to distinguish between automobiles, bicyclists and dogs since each has its own distinctive doppler signal. The early prototype was slightly larger than a large flashlight and required a large separate battery pack for power. We determined that the system was too large and we have now begun to develop a smaller unit.

Technical requirements for the development of a microwave doppler sensor as an electronic travel aid for use by blind individuals include:

* Range—How far away must traffic be detected?

* Antenna pattern—How broad or narrow should the radar beam be? Too broad and the user will not be able to differentiate between vehicles which are threats and which are not. Too narrow, and the user will not be able to locate potential threats.

* What type of audio output is required to provide the user with adequate information?

LMT is asking for any additional information that may help in the further development of this system. The primary question is whether or not such a device will be usable. If you have any inputs or ideas please contact: John Zwiebel, Linear Measurement Technology Corporation, 608 W. Oak Street, Lafayette, CO 80026; (303) 665-8914.

LANDMARKS

Travel Aids for the Blind, a national non-profit organization, was formed in 1980 to enhance the independence and travel capabilities of blind people. It is the only organization in the country to provide electronic travel devices to blind people who could not otherwise afford them.

In the past eight years, Travel Aids has donated 106 electronic travel aids to eligible recipients. These devices include the Laser Cane, Mowat Sensor, Sonic Guide, Polaron, and Pathsounder. Agencies and school systems received 23 ETAs from Travel Aids for evaluation and instructional purposes. The majority of the ETAs were provided to blind, deaf/blind, and multiply handicapped individuals.

Travel Aids ensures that the recipients of these devices will use them in the future by providing lifetime maintenance and repair for the travel aids supplied through the organization. To promote the continued use of travel aids by those who are unable to afford them, Travel Aids assumes the costs associated with ownership on an on-going basis. To date, a total of 89 individual service bills have been paid.

In 1987, Travel Aids for the Blind established the Marian Allen Scholarship Fund, to encourage and assist qualified mobility instructors to obtain certified instruction in electronic travel aids. Through this effort, Travel Aids hopes to promote scholarship and ensure that qualified instructors are available to train blind people to use ETAs. Full or partial scholarships are awarded to eligible applicants.

To promote the mobility of blind individuals throughout the country, Travel Aids provides information and referrals for people seeking information about electronic travel aids, evaluation and instruction. The organization also supports education and research efforts in the field of orientation and mobility. The Mobility Committee, a nationwide group of rehabilitation professionals, provides technical guidelines and expertise to the organization.

Travel Aids for the Blind has an all-volunteer Board of Directors, and is funded solely through donations from individuals, foundations, and corporations. For information and referral, contact Travel Aids for the Blind, 325-B North Pottstown Pike, Exton, PA 19341; (215) 524-1886.

* * *

Daniel Smith, O&M/Technology Transfer Specialist at the Hines VA Hospital, Central Blind Rehabilitation Center, reports that over the last two years O&M Specialists at Hines have conducted evaluations of three relatively new ultrasonic ETAs: the Ultraschall-Brille from Germany, the Obstacle Scan and Report (OSCAR) Device from the USA, and the Sensory 6 from Canada.

The spectacle mounted Ultraschall-Brille is manufactured in Nordlingen, Baldingen, West Germany by the Habelt Electronics Company (cost approximately $600.00). The Sensory 6 is also a spectacle mounted device and is manufactured in Ottawa, Ontario, Canada by Brytech, a division of E. L. Breyenton and Associates Inc. and distributed in the USA ($575.00). The OSCAR is a hand held ETA manufactured by Pentad Corporation in Woodstock, Virginia ($485.00). For a detailed report on the evaluations, contact Dan Smith, Central Blind Rehabilitation Center, VA Medical Center, Hines, IL 60141.

* * *

Scientists at the Wilmer Eye Institute of John Hopkins University and NASA plan to develop a new low vision aid —eyeglasses with miniature television screens instead of lenses. Harold M. Schmeck, Jr., a science reporter for *The New York Times*, wrote about the proposed device in *The Times* on April 28, 1988.

Borrowing from technology developed for remote controlled robots, these eyeglasses will have the capacity to optimize residual vision through magnification, improved contrast and other techniques.

* * *

Orientation and Mobility Specialists have been organizing and participating in "experimental" orienteering meets for several years now (for example, see LCN, Vol. 3, No. 2, 1985 for an account of one such meet that took place as part of a Southeast Orientation and Mobility Association Conference). Last spring the first orienteering meet for blind persons took place in Little Rock, Arkansas.

The 1.06 mile course was designed for novice and experienced orienteers who were partially sighted or totally blind. Orienteers navigated over dirt roads and paths, parking lots, and wooden bridges. Volunteers were used to intervene if orienteers chose a route which was dangerous or life-threatening. Participants were given braille or orienteering compasses, tactual maps, and directions (in braille or on cassette tape).

A total of 21 blind and visually impaired persons participated and they all completed the course. They received ribbons, certificates, and prizes donated by local businesses. Participants had a good time, liked the exercise, and hoped that other orienteering meets would be organized in the future. If you would like more information on organizing an orienteering meet for the blind and visually impaired persons, contact Nora Griffin-Shirley or Dr. Bruce Blasch at the Rehabilitation R&D Unit, VAMC, 1670 Clairmont, Decatur, GA 30033; (404) 321-5828.

* * *

The proceedings of the 1986 International Mobility Conference held in Israel are available as *Orientation & Mobility of the Visually Impaired*, edited by Neustadt-Noy, Merin and Schiff. To order, send $12.00 (US) to: Nurit Neustadt-Noy, IMC4 Israeli Organizing Committee, American Israeli Lighthouse, Home Teachers Division, Kiriat Haim 26243, Israel.

CONFERENCE REPORT

The 1988 Southeast O&M Association (SOMA) Conference

Nora Griffin-Shirley
VA Medical Center
Decatur, Georgia

Janet Barlow
VA Medical Center
Decatur, Georgia

Mary Maureen Hill
Peabody College, Vanderbilt University
Nashville, Tennessee

The Southeastern Orientation and Mobility Association conference was held in Atlanta, Georgia on Thursday and Friday, February 25-26, 1988.

Dr. Richard Welsh, Superintendent of the Maryland School for the Blind, was entertaining as the keynote speaker. He reflected back on the 1968 AAWB meeting in Toronto and compared those issues to the program for the 1988 AER Conference in Montreal in July. Then he projected issues for the 2008 AER Conference, including continuing education, research, medicaid funding for services to older blind persons, and state licensure for O&M. Rick emphasized that it is our responsibility to approach decision makers to convince them of the importance of O&M services, to form effective partnerships with blind adults and parents of blind children, and to support efforts to provide efficient O&M services to all who need them.

In the past the open forum had been a time when O&M instructors could raise issues, announce job openings, share teaching techniques or strategies, etc. This year the planning committee, chaired by Bruce Blasch and Janet Barlow, decided to change the format to one which consisted of six discussion groups with moderators. Topics of discussion were chosen by the planning committee and groups were given two hours to discuss the topics and decide upon an action plan, if appropriate. The next morning, groups shared key discussion points and their action plans with the SOMA conference participants.

Discussion topics were: "Research and O&M: How and Why," "Paraprofessionals," "Itinerant Teaching in a Public School Setting," "Quality of University Program Graduates," "Insurance and Private Contracting,"

and "O&M and the Elderly." For a summary of the discussion on each group, including their action plans, contact Nora Griffin-Shirley, VA Medical Center, 1670 Clairmont Road, Decatur, GA 30033.

Fun was had by all who participated in the rapid rail and orienteering sessions. All returned safely from each activity, wiser but tired. David Atkinson and Chuck Klocko, both of South Carolina, turned in the lowest time for the orienteering activity. Next year's SOMA Conference will be held in Charlotte, North Carolina. For information, contact Mike Corbett, 836 Oak Street, Suite 510, Winston Salem, NC 27101; phone (919)-761-2345.

UPCOMING CONFERENCES

AER International Conference

The AER O&M Division has planned an innovative program for the AER International Conference to be held in Montreal, Canada from July 10-14, 1988. Highlights of the O&M Division program include a poster session featuring 23 separate O&M projects, 4 concurrent "cracker barrel" sessions, a major presentation on results of the ETA Users Survey (See page 1), the annual Blaha Award and the Citation for Excellence in Teaching Mobility, discussion on professional issues, and business meetings.

For further information on the O&M Division program, refer to the spring/summer issue of the O&M Division Newsletter or contact Jim Newcomer, 2265 Hillcrest Road, Quakertown, PA 18951; (215) 536-2300.

Fifth International Mobility Conference (IMC5)

The Fifth International Mobility Conference (IMC5) will be held on January 23-28, 1989 in Veldhoven, The Netherlands. It will be the first time that this Conference is co-sponsored by The World Blind Union. For further conference information contact: Dutch Hostess Service/IMC5, Steynlaan 19A-B, 3701 EA Zeist, The Netherlands; phone: 03404-19164 or 18277; telex: 47355 INFO NL.

1988 Midwest Orientation and Mobility "Non-Conference"

The 1988 Midwest Orientation and Mobility "non-conference" will be held on September 30 - October 1, 1988 at the Milwaukee Area Technical College in Milwaukee, Wisconsin. For more information contact Bob Transon, Milwaukee Area Technical College 700 W. State Street, Milwaukee, Wisconsin 53233; (414) 278-6500.

LONG CANE NEWS—The national newsletter for professionals working with visually impaired and blind persons who get around. A biannual newsletter for orientation and mobility specialists, and for educators and rehabilitation workers interested in applications of O&M.

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LONG CANE NEWS

Volume 7, Number 2 Winter/Spring 1989

TO OUR READERS

In the last issue of *Long Cane News* (*LCN*) Dr. Bruce Blasch, associate director of the Rehabilitation Research and Development Unit at the Veterans Administration Hospital in Decatur, Georgia, discussed his plans for surveying users of electronic travel aids (ETAs). He has since completed the survey and in this issue he discusses the preliminary findings. —Mark Uslan, Editor

Bruce Blasch on electronic travel aids (ETAs)

The preliminary results of our survey of blind persons trained to use ETAs shows that about 50 percent of the persons we surveyed are still using their ETA. AT the AER Conference in Montreal, we asked O&M specialists to predict what they thought the results would be — most expected that no more than five to ten percent of all blind persons trained to use ETAs would still be using them. This suggests that O&M specialists vastly underestimate ETA usage.

Perhaps O&M specialists' perceptions about how often an ETA should be used is too high. For instance we found that ETA users do not feel that they need to use their device all the time. They may take the device with them when they travel, but they pick and choose when to use it.

O&M specialists should realize that, to a blind person, the usefulness of an ETA cannot be characterized in absolute terms such as, "I always use my ETA" or "I never use my ETA." Consider this analogy. A corkscrew is a device used at home when it is necessary to open a wine bottle. It need not be in your hand all the time, all day long; it just should be available when you need it. If someone were to judge its usefulness, they would have to be aware of when you use it—perhaps in the evenings, a few weekends a month. For these few weekends every month, the corkscrew may be judged by its owner to be a device that is generally very useful.

There were a number of other interesting findings. For example, ETA users appreciate the ability of these devices to detect and avoid pedestrians in their path of travel, as well as the increased confidence they obtain from using these devices. Users were more likely to report the usefulness of the ETA in an unfamiliar environment. Current users were also more likely to be those individuals who purchased their ETA's with their own money.

We are now conducting final analyses of all the data. The complete results will be published in the near future. In the meantime, I would be happy to answer any specific questions about the study. Write to Bruce Blasch, Rehabilitation Research & Development, VA Medical Center, 1670 Clairmont Road, Decatur, GA 30033.

Reaction

by Susan Eldred
Royal New Zealand Foundation for the Blind
Christchurch, New Zealand

I read with interest the summer issue of Long Cane News. I was especially interested in the homing device developed by Walt Stromer. I have a client who had been very active in showing his horse in horse shows before he lost his vision, and he would like to continue doing so. I have heard of people using walkie-talkies to determine direction, but he was notinterested in this and was looking for a more independent means; a homing device might appeal to him.

I can also see uses for a homing device in recreational activities. We have several different sports teams here, of people with mixed vision conditions. A constant sound

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source is not always required and a homing device might help out. It seems to have a good potential for rural travel. Also, several of my clients have farms and such a device would help make life much easier for them.

Reaction
Olukanyin Lyons
VA Medical Center
Waco, Texas

I am an O&M specialist at the VA Medical Center in Waco, Texas. It seems to me that the homing device would help veterans who live in the country where the use of landmarks, sensory cues and other environmental clues is difficult or confusing. A few veterans have already said they put their radios on the porch and turn the volume up when they are outside the house. The sound helps them get their bearings when they are working in the yard or approaching the house. The homing device can be turned on through a remote device when necessary and, as opposed to the continuous noise from a radio, the device is less bothersome to neighbors.

An Auditory Compass
by Robert R. MacAusland
Seattle, Washington

I am a licensed mechanical engineer specializing in the design and construction of electromechanical devices and medical instruments.

The idea for a compass for blind people occurred to me many years ago. I built a working prototype for a blind youngster who was a friend of my son. The results were inconclusive and I really never found out how well the device worked until this year when my son ran into his friend at the University of Chicago. She said the compass had worked well and wondered why I had never pursued the idea as a commercial product.

The device helps reorient the blind person who is unsure as to which direction to proceed on a street following a collision or some other disruption.

The compass is only 1 inch long, and 3/4 inch in diameter, and fits into the cane. A small button on one side of the cane turns the compass on; when the button is released, the compass turns off, ensuring a long battery life. In use the cane is held in a nearby vertical position with the button facing away from the operator. If the button faces within five degrees of North a beep will sound when it is pressed. If no beep sounds, the operator must hold the button down while pivoting until the North heading is reached; then the beep will sound.

I am currently building another, improved compass for further evaluation. I am interested in corresponding with anyone who is interested in the project or who has any comments on the validity of the device as an aid to blind people. My eventual goal is to produce the compass in whatever numbers the market will bear. The quantity produced will probably be small and I am not expecting to make a lot of money. It is more of an interesting project with possible humanitarian rewards. Write to Robert R. MacAusland, 1311 N. 35th Street, Seattle, WA 98103.

The Use of a Bus-Hailing Kit for Visually Impaired Travelers
by Sandra S. Berke & Harriet B. Seeley
Northeastern Association of the Blind
Albany, New York

The mobility staff of the Northeastern Association of the Blind in Albany, New York is fortunate to have a good working relationship with the local transit company, Capital District Transit Authority. We provide a monthly in-service training program for their drivers, and we have also worked with operators who disseminate information about bus schedules and routes. Recently they approached us for feedback about the feasibility of using a bus-hailing kit in our area.

The transit company has lent us a prototype kit from Ottawa, Canada and told us about a similar kit from Santa Rosa, California. We are using the kit on a trial basis to determine whether a similar kit should be designed and made available to the local visually impaired population. The trial kit consists of a clear plastic holder with pockets and a set of 1 7/8 x 2 7/8-inch cards that have black numbers on a white background and are marked in braille in the upper righthand corner. By changing the cards, the individual can hail any bus in the system. Kits would be made available to interested consumers at a nominal fee; the cost would be subsidized by the transit company.

Use of the bus-hailing kit helps assure the visually impaired traveler that the correct bus will stop and that the driver will identify the bus name and number. It is hoped that other patrons will alert the visually impaired person when that person's bus is approaching. This is an added benefit.

We would appreciate feedback from others in the field who are familiar with similar kits and have experience using them. Items in which we are specifically interested in receiving information about include:

- Size of cards
- Type of contrast for numbers
- Use of reflective material
- Size of numerals
- Location of braille
- How to list multiple bus routes
- How to indicate express buses

• How to design kit so there is a logical place to hold it without obstructing digits
• Use of kit with different populations.

Please send any suggestions to Northeastern Association of the Blind at Albany, O&M Department, 301 Washington Avenue, Albany, NY 12206.

Working in Australia

by Vince Fazzi
Royal Victorian Institute for the Blind
Victoria, Australia

I am an American O&M specialist who has been taking part in an O&M foreign exchange program that began in July 1988 and will end in July 1989. My Australian counterpart and I are not only switching jobs; we are also switching homes and cars. We both continue to work for our own employers—we receive our usual checks—and we will return to our own jobs upon completion of the exchange. We each continue to pay for our own homes, insurance, etc., and pay only for utilities, food, and travel in our new locations.

The Royal Victorian Institute for the Blind (RVIB) is a very large private organization serving the needs of blind multiply handicapped people for the entire state of Victoria, Australia, from its headquarters in downtown Melbourne.

The RVIB facility where I work is the School for Blind Children, on a campus about 12 miles away from Melbourne in the suburb of Burwood. The students range in age from about 6 to 18 years old. Most of them have a learning disability, as well as impaired vision. The higher functioning students who can handle a regular program go to their local school and are seen by a visiting teacher (vt) for help with their studies or for mobility instruction.

Some 300 meters (about 984 feet) from the school, and still on the school property, is a house where students attend school from about age 14 until they graduate. These seniors, as they are called, are not academically oriented, and the philosophy is that the more practical their education, the better. They spend their day learning many skills useful for their adult life. These include daily living skills, budgeting, mobility, shopping, and banking. They go to the bank every Monday for what they need for the week, plan for a weekly lunch, shop, etc. They even take the local newspaper and spend a little time each day on current affairs.

Computer games oriented toward practical mathematical skills are part of the program. As many of these students as possible will go out into the world of work for two weeks, working a full day, like regular employees, to get a feel for the real world. These work experiences are organized as often as possible for each student.

The use of public transportation is not just encouraged and taught but also is expected of all students from a very young age on. Since I have spent so much time in Southern California, where you have to drive to get around, I have not had the exposure to the wide variety of transportation methods and the ease with which one uses it. Trams, trains, and buses run so frequently that you do not much concern yourself with schedules. If you miss one, train, another will be along very soon. The students begin to learn these systems as young as about age eight, and many use them going to and from school, although independent travel may not occur until the teen years.

Learning to drive on the left side was really not too tough, just a little concentration gets the job done. What does require more adjustment is the verbal description of an intersection with left or right turn lanes, arrows, tram tracks, etc. Cultivating good traffic safety instincts requires a bit more concentration, since your natural inclination to look left first for cars is wrong. Cars turning, T-intersections, and so on, can all lead to initial confusion.

Something that had not occurred to me until I got here: People both drive and walk to left. We have spent much time "bucking" foot traffic in the malls, shops, etc. For mobility it means training students to travel that way, especially on stairs, which means only lefthand cane users switch the cane to the other hand. Quite convenient for all the righties!

Many intersections have an interesting type of audible traffic signal. A "clicking" sound emanates from the push button mechanism itself, so it serves as an arrival beacon for the pedestrian pole and button. This clicking is constant—about one click per second. Also the button box vibrates, providing vibrotactile feedback to deaf-blind persons. When the light turns green, the clicking immediately increases in rate, to about 15 clicks per second; it remains at that rate for about 10 seconds or so and, then it will return to the one click per second mode. There is no distinction made between the two intersecting streets. The sound is the same. The sound source, then, is both on your corner and across the street. I leave it to others to judge the ramifications of this type of signal, but the system seems to meet the needs of the locals well. These signals are installed, upon request, by the Public Works Department. Anyone, even a private citizen, may request the installation of these devices, and they are put in.

The tram system is far reaching, convenient, and safe because each tram has a driver and a conductor and because trams are easily spotted by people with some vision. However since they are electric, they are very hard to hear approaching. They must be signaled to stop, and because they are so quiet they are easily missed. Also and most important, they run down the middle of the street, so upon disembarking a passenger must cross the street either immediately or very soon thereafter. Although this is quite difficult for our students, it is really tough for the elderly and people with other disabilities.

So far the exchange has been a great experience.

An Open Thank You

by Judy Koch
Los Angeles, California

While dining with my husband on the evening of July 13, at Le Grand Hotel overlooking Montreal (one of those rotating restaurants on the top floor), I tried to describe my feelings about the activities and energy of Division 9 of AER. I had been attending the conference since Sunday evening. "In awe, passionate, inspired, proud," were some of my feelings, which I am certain were shared by many other O&M specialists and Division 9 members in attendance.

I also remember feeling sad for many of my colleagues and good friends who were not or could not be present, mainly because the entire conference program was excellent, and the Division 9 Poster Session was in itself outstanding and made the trip invaluable!

Highlights of the week included the Division 9 Awards Presentation and Reception, Warren Bledsoe's Credo, the presentation on the opening of the O&M Archives in Maryland, the controversial presentation on blind "mobility instructors," the discussion on O&M assistants, and of course, the Poster Sessions. I offer my condolences to those of you who missed out, along with a strong recommendation that you start planning and saving up now for Washington, D.C. in 1990!

Finally I would like to offer my most sincere Thank You to everyone who made it all possible or who attended the Division 9 meetings and were a part of this wonderful conference, and history.

"Raising A Little Cane": A Video Presentation

by Jean MacConnachie Dallas, Oregon

This film was produced as part of my recent graduate work in the mobility department of California State University, Los Angeles. I made the film with the intention of looking at current practices in teaching cane travel to visually impaired preschoolers. Although some methodology is discussed, it is not intended to be a "how to" film. Instead the focus is on children moving with canes and on the methods used by several mobility instructors who work with this population.

I found that by using this approach the film became as thought provoking as it was informative. Each instructor who was interviewed added a different and occasionally conflicting perspective to the issue. One instructor stressed concept development during cane lessons. Another demonstrated exercises that increase the strength and coordination necessary for cane travel. A third instructor highlighted the importance of a team approach in training. In between these narratives, six children are shown during cane lessons. The children were six years or younger when filmed and were at various levels of ability in cane travel. These children are the real stars of the film. Their movement with canes makes the strongest impression and statement in the video.

This 30 minute production was originally intended for an audience of mobility instructors, but it may interest parents and professionals concerned with early intervention and with education of visually impaired children. This was my first venture into filmmaking; hence the film lacks a slick professional veneer. Judging from its warm reception by viewers to date, however, it does address a timely issue. For that reason I would like to make it available for educational purposes. "Raising A Little Cane" may be purchased for $15 (includes postage and handling) from Jean MacConnachie, 1221 Godsey Road 11, Dallas, OR 97338.

LANDMARKS

The Carroll Center is offering a continuing education opporunity for overseas professionals. The aim of the International Exchange Program is to provide a way for senior professionals in the field of rehabilitation of the blind to renew their skills; to increase their knowledge in current methods, techniques, and developments in the field; and to enhance professional growth.

The eightweek International Exchange Program takes place during July and August, and four to six overseas instructors will be able to attend the program each time.

The International Exchange Visitors' daily schedule consists of instructing two classes in the areas of their expertise and observing two periods of activities in areas of secondary interest. (If for instance, the area of expertise is O&M, the visitor will offer instruction in this area and will observe and be trained in one or two other rehabilitation activities provided at the center, such as sensory training, low vision, fencing, recreation, or personal management).

The curriculum also includes seminars in which the visitors are expected to present the rehabilitation services for blind and visually impaired individuals as provided by the agencies from which they come, participate in lectures by guest speakers, prepare a paper for publication using the Research Library at the nearby Perkins School for the Blind, and take part in study tours of rehabilitation agencies for blind and visually impaired individuals in the Greater Boston Area.

The Program is supervised by the Carroll Center Staff and the International Exchange Program Supervisor Dr. Nurit Neustadt-Noy.

The first International Exchange Program costs were covered by stipends from the Carroll Center. The participants came from Austria, Belgium, Jordan, Spain, Switzerland, and West Germany.

For more information contact Rachael Rosenbaum, executive director, Carroll Center for the Blind, 770 Centre Street, Newton, MA 021582597.

Do any of these comments sound familiar?
Blind Student: What do you mean mobility is a subject just like reading or math?
Parent: I really have no idea of how to help my child with mobility.
Vision Teacher: We don't have a mobility instructor on staff. I wish I knew what I could do with this student.
Mobility Instructor: I get pretty frustrated seeing all the commercially available materials teachers use. If I don't make the materials, we don't have any.

Travel Tales: A Mobility Storybook was written by three mobility instructors (Julia Halpern-Gold, Shelly Faust-Jones, and Robin Weinstock-Adler) who have heard all the above comments. *Travel Tales* is a storybook, an activity book, and a songbook all rolled into one. Written on a child's level, it deals exclusively with skills and concepts related to O&M and it can be distributed to visually impaired students.

Travel Tales tells a story about Elliot, a young, visually impaired child. Seventeen chapters take the reader on an adventure with Elliot and his family and friends. The adventures center around pre-cane skills, different environments, and public transportation.

Each chapter has six parts: New Words to Learn and Use, a short story, Listen and Learn (discussion topics and activities), Games for Reinforcement, a Sing-a-Long, and Worksheets.

Travel Tales was designed for visually impaired children in preschool through third grade. At the discretion of the teacher and/or parent, some older children and some multiply handicapped children may also enjoy the stories and activities.

Travel Tales should be thought of as a textbook similar to those used in other subject areas. The book can also be used to supplement mobility lessons, and the stories, which are designed to be read aloud to the child, may be read to introduce a new skill or to reinforce for an already learned skill. Each activity area further reinforces the concepts in an enjoyable way.

TRAVEL TALES can be ordered from Mostly Mobility, R.D 1, Box 1448A, Bethel, PA 19507. The price, including shipping, is $22.00 for each book ordered. The workbook is $5.00 for each copy ordered.

The most staisfying recreational or leisure activities may be the ones chosen by visually impaired people by them rather than for them. Intended for blind and visually impaired people and their families, Creative Recreation for Blind and Visually Impaired Adults by Irene Ludwig, Lynne Luxton, and Marie Attmore, examines both common and out-of-the-ordinary activities and gives examples of how visually impaired people go about performing them. Lists of hints are given for adapting a favorite, leisure-time activity or choosing new one, and sources of information are provided. The resource is published by the American Foundation for the Blind and is available for $7.00.

Kindercize Marketing Corporation has released an exercise book, *Kindercize*, and an accompanying audio cassette tape. It is a program designed specifically for adults. Written by Diana Mihalakis and Marlene C. Bertrand, this book explains, in full detail, how adults can use the weight of a child from nine months to five years of age, to achieve a well-balanced, complete workout. Included in the book are 90 photographs demonstrating each exercise, information about aerobics, charts for recording weight loss and performance, and an explanation of the learning opportunities the Kindercize program provides children who participate on a regular basis.

Inspired by Ms. Mihalakis' desire to show body movement to her blind daughter, the handbook is co-authored by Ms. Bertrand, a certified aerobics instructor and mother of two small children. The authors have included a chapter that explains the benefits Kindercize provides visually impaired children.

The *Kindercize* book and the cassette tape can be ordered from Kindercize Marketing Corp., P.O. Box 1432, San Luis Obispo, CA 93406. Cost is $19.00 plus postage.

"It is good to love yourself" is the heartfelt statement of 10 year-old Ivonne Mosquera, the subject of a half-hour video documentary, "Into the Mainstream."

Ivonne and her family came from South America when she was 16 months old—seeking an operation that they hoped would save her life. The operation successfully removed her retinal tumors, but her eyesight was lost. The Mosquera family then decided to stay in the United States.

Producer director Meryl Joseph and executive producer Gordon Hyatt had each met Ivonne before meeting each other—and upon learning that both knew the young girl, they decided to produce a documentary that would portray this spirited newcomer to America as a role model of mainstreaming in education, along with her family, which has entered the mainstream of American life.

This documentary portrait enters Ivonne's world. She tells of coming to the United States and is then seen in her school routine, with her family at play and in church, and in excursions into New York City, including an early mobility lesson in which she learns to cope with New York traffic. In

ORIENTATION AND MOBILITY TECHNIQUES FOR MULTIPLY IMPAIRED BLIND PERSONS

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a memorable visit to her older sisters' school, she explains her experiences with blindness and her outlook on life to a classroom of her contemporaries.

Woven through the presentation is a series of interludes in which Ivonne, through quiet moments or personal revelations, gives deeper meaning to the live action sequences of the documentary.

During the course of production, two of the teachers who worked closely with Ivonne Mosquera passed away. Joseph Skahill, an O&M Specialist for the New York City Board of Education, died suddenly during the summer recess of 1987 (See LCN, Vol. 6, No.2) and Ruth Joseph, a special education teacher at P.S. 6 died within a year of her retirement from the New York City School system. The documentary is dedicated to their memory.

Cane slippage on ice and snow can be a major problem for elderly blind persons or for physically handicapped blind persons who use a support cane. Rene Pacquin of The New Hampshire Association for the Blind has been using a special gripping device, the Monodnock Ice Gripper, that is attached to the tip of a support cane. The device is retracted for indoor use and it can be removed in warm weather. It retails for $10.25. For more information on the Monodnock Ice Gripper, contact Bill Bailey, National Sales Manager, Monodnock, Inc., P.O. Box 13, Fitzwilliam, NH 03447; (800) 2585492.

For more information on the use of a support cane in winter, contact Rene Pacquin, New Hampshire Association for the Blind, 25 Walker Street, Concord, MA 03301; (603) 224-4039.

The University of Pittsburgh (Pitt), in Pittsburgh, Pennsylvania has recently appointed George J. Zimmerman, Ph.D., assistant professor and coordinator of the Teacher of the Visually Impaired/Orientation and Mobility Program.

The University of Pittsburgh program is a dual certification program. Students graduating from the program with M.A. or M.Ed. degree receive a Level I Teacher Certification in Vision and become AER certifiable in O&M. The Pitt training program will continue to offer the dual certification degree but will also begin to offer program options for individuals interested in career alternatives. For example teachers of visually impaired children interested in obtaining certification in O&M may select courses in the O&M track to become O&M certifiable without having to obtain a second degree. More emphasis will be placed on preschool O&M and early intervention. The City of Pittsburgh offers numerous clinical placement sites, such as the Western Pennsylvania School for Blind Children, Pittsburgh City Schools, the Allegheny Intermediate Unit, and the Pittsburgh Blind Association.

In addition to the master's degree program, a leadership training program at the doctoral level in special education, with emphasis in O&M and/or visual impairments, will be added.

Traineeships and stipends may be available for the Fall 1989 academic year. For further information, contact George J. Zimmermann, Ph.D., University of Pittsburgh, 4F29 Forbes Quadrangle, Pittsburgh, PA 15260; (412) 624-7247.

TO THE FIELD

Dear Colleague: I am developing a textbook on "Orientation and Mobility for Multiply Impaired Blind Persons" that will be published by the American Foundation for the Blind. This book will incorporate the techniques and skills successfully used by practitioners like yourselves throughout the country.

I am looking for techniques running the gamut from sighted guide through rural travel, including mass transit. All populations, from children through elderly individuals; persons with cerebral palsy, mental retardation, diabetes, etc., are being considered. You might wish to describe, for example, "walking through doorways for someone with cerebral palsy who uses crutches." No technique or activity is too simple or too complicated for consideration.

On the opposing page is a sample form for your use. Feel free to make copies of it should you wish to submit more than one technique. I will be in touch with you for clarification of the technique(s), should they be considered for inclusion in the book. All contributors will receive credit in the text and a complimentary copy when published. Please share this letter and accompanying form with your colleagues.

I would like to take this opportunity to thank you in advance for your cooperation. Please submit your techniques to me by June 15, 1989. I look forward to hearing from you soon.

William H.Jacobson, Ed.D.
Chair
Department of Rehabilitation
University of Arkansas at Little Rock
2801 South University
Little Rock, Arkansas 72204

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Volume 8, Number 1 Fall/Winter 1989

Medicare Funding for O&M Services

by Belen B. Hickman
Mobility Services, Inc.
Atlanta, Georgia

I co-chair the Division 9 Committee on State Licensing with Mary Maureen Hill of Vanderbilt University. Recently, the Committee was called upon by AFB representatives who have been monitoring legislative activities to make a rapid response to a special opportunity.

The Bipartisan Commission on Comprehensive Health Care, chaired by Senator John D. Rockefeller of West Virginia, was established to look at health care needs of Medicare recipients. This commission was to study health care services and make recommendations for changes, so there was—and still is—a rare and unique opportunity for our profession to make a presentation recommending that orientation and mobility (O&M) services be covered by Medicare. Certainly, if such recommendations were adopted, O&M services could be provided to many visually impaired persons who, due to limited and inconsistent funding sources, have remained underserved.

Several important issues that concern the profession of O&M surround the response to the Commission. If O&M services are to be covered under Medicare (or any other type of third-party billing) it will be necessary for instructors to be licensed, not just certified. Licensing must be done at the state level, as it is for physical therapists and occupational therapists, to assure a standard of service delivery and to prevent unqualified persons from providing services. Through licensing—and only through licensing—can third-party billing be recognized.

As we look at licensing, and patterning licensing procedures after PTs and OTs, we need to think of ourselves as providing a therapeutic service. The way we describe ourselves needs to be more consistent with the medical model without diminishing our role in the rehabilitation and education settings. In so doing, we should logically become orientation and mobility *therapists*, rather than instructors or specialists. After all, physical therapists and occupational therapists are actively practicing a valuable service in the same medical, education, and rehabilitation settings as we are. The primary difference is that PTs and OTs are licensed and can access third-party billing of their services. It is very timely that we look at doing likewise.

While it was apparent that other special services (i.e., rehabilitation teaching and low vision training) could also benefit by being included in the statement, we were advised that more impact could be made if each group addressed the Commission on its own behalf. In addition, we felt that we could draw on supporting information and documentation about our own field, but would be unqualified to address issues of other specialty services.

A timely response was of the essence. With only a few weeks to put together a statement to present to the Commission, it became a huge responsibility to rise to the occasion. Glenn Plunkett in the AFB office in Washington, DC, who initiated the suggestion that Interest Group 9 present to the Bipartisan Commission, provided invaluable advice and assistance, as did Mark Uslan of AFB and Carlene Guy of the VITAL Center in Chattanooga, Tennessee.

Where Do We Stand and Where Do We Go From Here?

While we were not scheduled to make a verbal presentation at public hearings, a written statement of our recommendations was submitted to the Commission. At this time, there is no indication how the recommendation will be received. However, there is still much that can and needs to be done to expand the groundwork that has already been laid. Certainly, the statement will have the greatest impact with as many others as possible support-

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ing and endorsing it. To be successful, it is imperative that signatures be obtained on the statement, and that they be presented to the Commission. An additional consideration is the recent appointment of the 1989 Advisory Council on Social Security, which will be addressing Medicare and Medicaid issues. This council will make its report to Congress in January, 1991, and it is appropriate that a formal statement also be made to them.

We Need Your Help!
Anyone willing to support the statement, or who needs additional information, should contact me. We will have a very short time to gather strength before we reach the deadline to submit supporting information to the Commission. I will send you a copy of the statement, with the names of persons on the Bipartisan Commission. We need help gathering signatures (from O&M practitioners, agency directors, consumers, other rehabilitation specialists, etc.) and writing to appropriate congressional representatives. After signatures have been added to the statements, they should be returned to me for inclusion in the total package to be submitted.

State Licensure of O&M Specialists

by Mary Maureen Hill, Ed.D.
Peabody College/Vanderbilt University
Nashville, Tennessee

Over the last several years much attention has been directed toward the issue of state licensure of O&M Specialists. As a result, a Division 9 Committee on State Licensing was formed at the International Biennial AER Conference in Chicago in 1986. The committee—currently cochaired by Belen B. Hickman of Georgia, and myself—has 10 members representing nine different states (Carla Brown, North Carolina; Maureen Floegel, Florida; Judy Hayes, Alabama; Susan Herman, New York; Jessica Lampert, Texas; Carlene LeBous-Guy, Tennessee; Suzy Ralston, Virginia; and Bob Transon, Wisconsin).

The committee's goal is to develop a model guideline for state licensure to present to Division 9. It is anticipated that Division 9 members in each state will then be able to address state licensure in their respective states as they see fit.

Committee members were given three charges. These involved talking with: licensed occupational and physical therapists to learn about their licensing procedures; people in the private rehabilitation sector to determine how state licensing is addressed within their service areas; and state legislators.

As a result, a bill was introduced in the State of Tennessee legislature in January 1989, dealing with the licensure of O&M specialists. The bill is currently before the Government Operations Committees in both the House and the Senate, and further action on it will probably be considered during the next legislative year.

Our intention is to develop a more professional image in the educational and rehabilitative process, and to begin an association as an ancillary service to the medical profession, primarily with ophthalmologists. Our ultimate goal is to access Medicaid funds to pay for O&M services. In the meantime, it is important for Division 9 members to join forces in their own states and lobby for state licensure of O&M specialists. Let us know what is happening in your state. . .

Modification of the Long Cane for Use by Young Visually Impaired Children

by Berdell H. Wurzburger
Concord, California

Teaching the use of the "long cane" method of mobility to young visually impaired children is becoming commonplace as the field of O&M realizes the benefits of early instruction. I will not dwell at great length on the cane instruction or when the appropriate instruction should be initiated, but on the cane itself and how to secure a usable "short cane."

When I was beginning to teach the use of the "short cane" to young visually impaired and blind children, it became immediately apparent that an adequate cane did not exist to use in my instruction.

I secured a number of used fiber-glass canes—probably manufactured by the Rainshine Company, Madison, Wisconsin—from a local agency serving blind and visually impaired individuals and modified them as follows. I cut, with a hacksaw, the handle to half the original length, and recapped it with a ⅝" rubber cap that is available at any hardware store. The fiber-glass canes I use have a handle that is 8⅝" long. I make the handles of the modified canes 5¼" long counting the rubber tip.

The fiber-glass cane shaft is approximately 12mm in diameter as it exits the handle, and tapers slightly so at 24" inches from the handle the cane shaft is 11mm in diameter.

I attach a marshmallow tip directly to the fiber-glass shaft by redrilling the ¼" hole in the marshmallow tip to fit the end of the fiber-glass shaft. Sometimes the marshmallow tip will stay attached by force fit, and if not, I glue the tip to the shaft with epoxy glue.

I find that using the modified fiber-glass cane with a marshmallow tip makes for a very durable cane. The cane weighs about 5½ to 6 ounces, including the tip, the overall cane length is around 24".

The cane described above, when employed using the constant contact cane technique, gives the user optimal tactual input, which is extremely important for the young visually impaired student, and at the same time it gives

enough resistance or work load to improve the strength and coordination of the wrist and forearm of the cane hand.

I hope a cane manufacturer will come forward with a cane that has a smaller diameter cane shaft and grip, and will accept a large variety of cane tips so the instructor and cane user will have some choices on which tip may best meet the needs of the student.

Early use of the short cane can be beneficial for most visually impaired young children. I personally prefer to introduce the use of the cane before I offer a great deal of instruction on the use of the "Protective Arm Technique" (PAT). By going directly to the use of the cane, the instructor can deter the defensive walking habits that will occur if he asks the student to move about in a very complex environment using the PAT method. The PAT method was developed for use with adventitiously blinded veterans some 45 years ago, and is not necessarily appropriate for moving about in an environment over which one has little or no control.

I have had good success in moving the young visually impaired student from the constant-contact technique and a cane equipped with a marshmallow tip to the touch technique with a cane employing the regular nylon tip.

Developing O&M Services for Severely and Profoundly Retarded Students in the NYC Public Schools

by Elga Joffee
Educational Vision Programs and Services
N.Y.C. Board of Education
New York, New York

Since the passage of PL 94-142 in 1975, the responsibility for providing educational services for severely and profoundly retarded children has been shifting to the public schools and to publicly funded early intervention centers and programs. This responsibility has been reinforced by a 1989 decision of the United States Court of Appeals for the First Circuit in its ruling that PL 94-142's provision for education for all the handicapped means exactly what it says. (See AER Report, Vol. 6, No. 3, June 1989, pg. 12.)

O&M specialists in New York City public schools were asked to develop a mobility program for children who are severely or profoundly retarded. The first steps were to learn about profound cognitive and physical handicapping conditions; examine the present body of knowledge and assumptions about teaching mobility skills; and integrate conventional O&M teaching strategies with those being used by the professionals working with this special population.

Gee, Harrell, and Rosenberg address the issue of extending and adapting the O&M curriculum. Their work "Teaching Orientation and Mobility Skills within and across Natural Opportunities for Travel: A Model Designed for Learners with Multiple Severe Disabilities" (Appearing in Goetz, Guess, and Stremel-Campbell, *Innovative Program Design for Individuals with Dual Sensory Impairments*, Baltimore: Paul H. Brooks, 1987) presents a program for teaching mobility skills to this population, stressing a functional approach to meeting mobility needs. According to their plan, visually impaired and blind children with severe and profound impairments are taught to travel when natural opportunities for travel occur in the daily school routine.

The motivation for travel is assumed to be the change in the child's activity. The authors rely on conventional mobility techniques to facilitate navigation, and propose that prerequisite conceptual and developmental skill attainment are not critical issues for the O&M specialist when working with this population.

Transdisciplinary involvement is stressed as a means for implementing the teaching and reinforcement of mobility skills to children who may not either understand verbal directions, or have achieved any level of understanding of positional or directional concepts. The approach requires that all staff who come in contact with the children should be taught the same O&M procedures so that consistent delivery of cues, prompts, and reinforcement occurs whenever the children move about.

A pilot program based on the premises worked out by Gee, Harrell, and Rosenberg was initiated during the 1988–89 school year in the New York City public schools by Educational Vision Programs and Services. One area of Gee, *et al*'s model was found to be particularly difficult for the pilot program to integrate: Relying on the change of a child's activity during the natural sequence of the day's events appeared insufficient as a way of indicating to the child what activity could be anticipated, and, therefore, what travel was expected. Without the ability to form some kind of anticipatory set regarding destinations, it appeared that the children were not aware of why they were being prompted to move.

Acting on this observation, the O&M pilot project enlisted the assistance of school teachers who had developed an anticipation-box program through a grant coordinated by Dr. Catherine Hall Rickhye of St. Luke's/Roosevelt Hospital in New York. The contents of the anticipation box were small, easily identified tactile objects that represented the activities the child would participate in during the school day. The objects were placed in the box following the order of the school day and represented the child's class schedule. For example, a diaper represented toileting activities; a musical instrument, music class, etc.

Whenever a mobility trip was initiated, it was recommended that the child travel to the anticipation box to receive the cue that represented the destination of

the trip. For the duration of the trip, it was suggested that the child carry or wear the anticipation cue. Upon arrival at the end of the route, the teachers recommended that this cue be immediately matched to the destination. A closure box was provided at the end of the route so the child could deposit the cue as an indication that the walk was over.

Additionally, the children's classrooms were to be marked with a piece of soft carpeting on the doorjambs. For each return trip to the classroom, the child would carry a "classroom" cue made of the carpeting. This approach could be modified for trips within the classroom, using the child's seat as the orientation point, rather than the classroom door. The specific routes selected, the number of routes included, and the actual destination cues used had to be individualized for each child.

Results have been encouraging. As a consequence of the mobility pilot project, plans for a mobility program for severely and profoundly impaired blind and visually limited children are being made.

Australia–U.S. Exchange Program

by Peter J. Evans
Burwood School for the Blind
Melbourne, Australia

As Director of the Burwood School for the Blind in Melbourne, Australia—a division of the Royal Victorian Institute for the Blind (R.V.I.B.)—I often receive requests from overseas people looking for employment in our field. Given the tight employment situation and appropriate protection of jobs for Australian citizens, it is difficult to respond to direct requests, however *exchange* roles are very attractive to administrators.

Such was the case when Vince Fazzi of the Azusa Unified School District in California and Glenys (Glen) Keane of R.V.I.B. in Melbourne communicated directly over the possibility of an exchange. (See LCN, Vol. 7, No. 2.) This leaves the administrator the simpler task of some paperwork, including salary details.

Factors such as personal suitability, job expectations, parity of qualifications, etc., are sorted out between the respective exchanges, thus lessening the concerns for administration.

In this particular exchange between Vince and Glen, the initial compatibility issues were well discussed, and there was an extremely smooth transition. Important elements in this—and I believe all exchange programs—are the personality/compatibility factors. People whose nature can cope with change are tolerant of differing attitudes and professional expectations, and are "open" to accepting the cultural differences that will obviously exist.

R.V.I.B. has been fortunate in that our first exchange has been an extremely satisfactory one on all fronts, so we now have a model for all future exchanges.

We hope the extension of a successful exchange will bring about greater understanding between agencies in a similar field, as well as the greater dimension of different cultures being brought closer together as the 'exchangees' return home.

I have no doubt that the strong links developed between Vince and Glen will be lasting, and serve to encourage further exchange programs.

An O&M Sabbatical In Spain

by Christian Foy
Services for the Blind
Wethersfield, CT

I have recently returned from Spain on sabbatical from my job as O&M specialist with Connecticut State Services for the Blind. My project was to collaborate with ONCE, the national organization of the blind, by observing and interacting with instructors of O&M. The goal was to enhance my fluency in Spanish, especially in relation to terminology and vocabulary in blind rehabilitation and most of all in O&M. The outcome of this will be a teaching manual for myself and other teachers, to help teach Hispanic students in the USA.

ONCE was generous to me in Spain, and I am grateful for its cooperation. I spent a couple of months at a community-based center in Seville and an equal amount of time at a residential center for adults near Barcelona. I recorded vocabulary and terminology as I observed actual lessons and had several instructors record lessons for me. From this base I will write lesson plans and use my computer to make a dictionary, appendix of various groups of vocabulary, and an index, etc. When I first began teaching in Spanish, a tool such as this would have been a great aid.

Now that I am back I am busy writing and teaching O&M again (in English, which is much easier!). I'd be happy to correspond with interested O&M specialists. Write to Christian Foy, Services for the Blind, 70 Ridge Road, Wethersfield, CT 06109.

Division 9's International Committee

by Doug Baldwin
Millet Learning Center
Saginaw, Michigan

The newly formed Division 9 International Committee has developed an outline for committee action. Priorities were created and then divided into three categories. Time lines and committee assignments were established for

each priority. The following is a summary of the committee's activities:

Category One: Administrative concerns
Priority One: Establish the ad hoc International Committee as official, within Division 9 bylaws. We urge Division 9 members to support this proposal when it comes up for a vote at the AER Conference in Washington in 1990.

Priority Two: Establish reciprocal accreditation for members of OMIAA (the association of mobility specialists from New Zealand and Australia).

Priority Three: Create a mission statement for the committee, as well as language to define the committee in the AER Division 9 bylaws.

Priority Four: Support the development of an AER International Division.

Priority Five: Enlarge the committee to include representatives from the major non-governmental organizations.

Category Two: Improving global communication
Priority One: Establish a registry of mobility specialists who wish to be linked through an international network.

Priority Two: Develop a data bank of information relevant to orientation and mobility on a global scale, in preparation for becoming a clearinghouse on international issues.

Priority Three: Improve the speed and reliability of communication (sharing) through the development of electronic networks.

Priority Four: Establish a newsletter as a voice of the committee and of the registry.

Category Three: Direct sharing of personnel and resources
Priority One: Support (and monitor) existing exchange programs. Work to develop new exchange opportunities for mobility specialists.

Priority Two: Establish "sister affiliations." A sister affiliation is a cooperative venture undertaken by two similar institutions from separate countries: university to university, school to school, agency to agency.

Priority Three: Solicit sponsorship to provide expenses for mobility field-workers (people teaching mobility) from developing nations, so that they might attend the Sixth International Mobility Conference in Spain in 1991.

Priority Four: Solicit information from/establish a working relationship with individuals in separate countries who share common research interests in O&M issues related to blind and visually impaired persons.

Comments and suggestions concerning the committee's priorities are welcome. Contact Doug Baldwin, Committee Chair, Division 9 International Committee, Millet Learning Center, 3660 Southfield Drive, Saginaw, MI 48601 (517) 776-0341.

LANDMARKS

In a workshop session at the IMC (see Conference Report, below) there was a demonstration of a new type of mobility device that is being manufactured by BIAB Electronic AB, a Swedish electronics firm. Jointly developed by a mobility instructor from Norway (John Skaaden), a teacher of orienteering from Sweden (Arne Ingstrom), and BIAB, this device can best be described as an "autopilot" that helps a blind or deaf-blind person keep their direction.

Its components are a special belt worn around the waist and an adjustable compass in place of a buckle. The belt indicates deviation from a chosen course of travel through vibratory feedback on the appropriate side of the body. A cane traveler or guide dog user about to walk north down a block and across a street would set the compass to north and would then receive vibratory feedback when veering. When veering left, the vibratory feedback would be felt on the left side of the belt; veering right results in belt vibration on the right side. When changing course, the compass is reset to the new compass heading. The device will be available from BIAB Electronic soon. For more information, write to BIAB Electronic, Verkstadsvagen 57, S-714 00 Kopparberg, Sweden.

The dog guide schools have joined together to form The Council of U.S. Dog Guide Schools, a consolidation of the ten independent dog guide facilities in the United States. The purpose of the Council is to provide a forum for the exchange and sharing of information about successful operating practices employed by the ten member schools.

At the spring meeting held at International Guiding Eyes in Los Angeles, California, the council completed writing the by-laws and addressed topics including: international certification, costs to train one guide dog team, the need for instructors, veterinary programs, and training methods.

Conference Report: The Fifth International Mobility Conference

by Mark Uslan
American Foundation for the Blind
New York, New York

For ten years now, an independent group of instructors from Europe and Israel have been organizing an international O&M conference. Held biennially, this International Mobility Conference (IMC) has grown dramatically

since 1979. The Fifth IMC was held in Veldhoven, the Netherlands, from January 23 to 28, 1989.

The conference was held at the Koningshof Congress Hotel and Meeting Center, a large, well-equipped facility ideally suited to the IMC as the more than 300 participants could be centrally lodged in the conference facility. There were three full days and evenings of conference sessions, including plenary and numerous concurrent sessions. All sessions were simultaneously translated into English, French, German, Spanish, and Dutch. Representation from 42 countries and the overall high quality of presentations at the IMC was a reflection of the increasing sophistication of O&M worldwide.

The Netherlands is small in size, but densely populated. There are 40 million people; 4 million drive cars and 11 million are bicyclists. Uniform standardization of traffic procedures for pedestrians, motorists, and bicyclists is a high priority. It is becoming a critical concern as the inevitable opening of national frontiers in the European Community will significantly increase commerce and tourism. Engineering and architectural standards, public education about standards and procedures, and enforcement of those standards are also topics receiving much attention in the Netherlands.

The Dutch commitment to standardizing procedures was apparent in presentations on accessibility policy made by officials of the Ministry of Transport and Public Works, the Dutch Road Safety Association, and the Center for Research on Civil and Traffic Engineering. This commitment was demonstrated to conference attendees who participated in a conference-sponsored field trip to Gouda, a very old town where the Dutch attempted to remove all architectural barriers for handicapped pedestrians.

In Gouda there are many narrow winding streets with shops that use outdoor displays. Since there are no designated sidewalks for pedestrians, it is difficult for the blind traveler to determine where the walkway is in relation to the roadway—one walks in the street. To solve this problem, extensive use was made of a tactile pathway made up of special tiles embedded in the street, positioned about where the sidewalk normally is located. This pathway can be followed to get to virtually any destination by scanning the walkway surface with the cane or underfoot. The designers continue to learn about the effects and use of underfoot materials that are tactually detectable by blind pedestrians.

Audible traffic signals of a type that are not seen in the U.S. were also in use at major intersections in Gouda. Designed to keep the annoying noise level of the audible signal to a minimum, these devices emit a low volume tick. The frequency of ticking increases when it is time to cross. The devices worked well in Gouda as there did not appear to be many instances when noisy vehicles masked the ticking signal. The audible signals also seemed particularly useful considering the large amount of bicycle traffic at busy intersections.

The Fifth International Mobility Conference was a well-organized and well-run international conference. This was the first time that an IMC was organized under the auspices of the World Blind Union (WBU). At the opening session, Duncan Watson, Chairman of the Royal National Institute for the Blind (England) and President of the WBU, stated that he will be asking the WBU Committee on Training and Employment to set up a subcommittee to "cement" WBU's role as sponsor of the IMC. With the support of the World Blind Union, the IMC will no doubt continue to grow in importance as a unique international conference on orientation and mobility.

The Dutch Organizing Committee has published the proceedings in English. For information about price and availability, write to Marten van Doorn, Bartimeus, Postbus 1003, 3700 BA ZEIST, The Netherlands.

The next IMC will take place in Spain in 1991.

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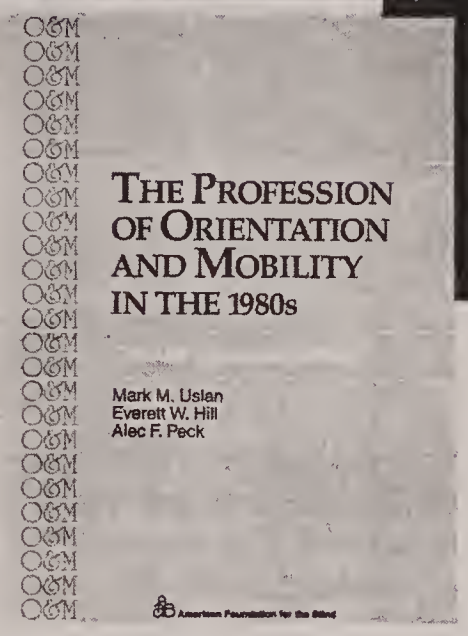
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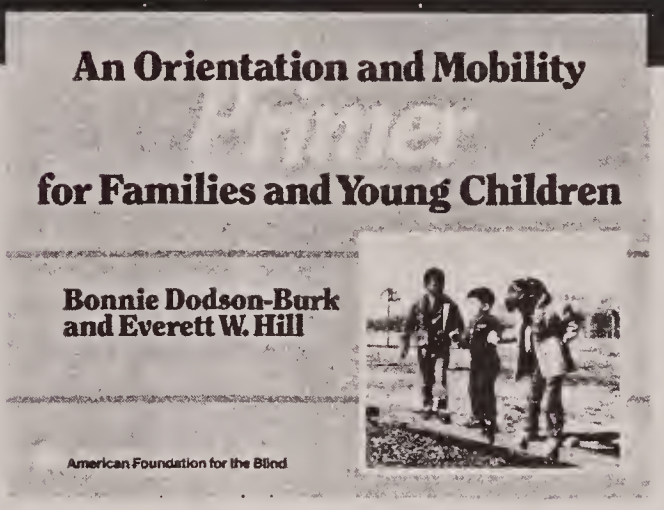
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compiled by Mark M.Uslan, Everett W. Hill and Alec F. Peck

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AN ORIENTATION AND MOBILITY PRIMER FOR FAMILIES AND YOUNG CHILDREN

by Bonnie Dodson-Burk and Everett W. Hill

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LONG CANE NEWS

Volume 8, Number 2 Summer/Fall 1990

TO OUR READERS

In this issue of Long Cane News (LCN), an international edition, orientation and mobility (O&M) specialists the world over share their experiences and impressions about the practice of O&M. Douglas Baldwin, LCN's guest editor for this issue, has collected articles from O&M colleagues in Australia, Africa, Asia, Europe.

As I greet LCN's readers for the first time as the editor, it is clear that O&M specialists in the United States face challenges that are common worldwide. The United States is a microcosm of the international community, with its diversity of environments and cultures, and a shrinking fund of resources allocated to human services.

The contributors to this issue of LCN report that acute shortages of O&M specialists, well documented in the United States in previous issues of LCN (Summer 1986, Winter 1986), are of critical concern worldwide. From all continents, our contributors report that O&M specialists grapple with establishing specialized training programs to prepare O&M teachers and rehabilitation personnel while underscoring the value of high standards, quality service, and connections to university education.

Adapting O&M service delivery models and travel techniques to accommodate cultural and environmental diversity, and educating family and community members to participate in adjustment to visual impairment are also common themes. Emerging populations of elderly persons, children born with severe multiple impairments, successive waves of immigrants arriving at our shores, and the need to provide services in rural areas and to Native Americans present similar challenges for adaptations in the United States.

As the nations of the world become increasingly interconnected sharing common issues, a world view may offer valuable insights, options, and solutions to O&M specialists in their quest to make effective services readily available to those in need.

Many thanks to the O&M specialists who have contributed to this international issue of LCN and to Douglas Baldwin for initiating and coordinating this effort.

—Elga Joffee, Editor

Orientation and Mobility in the Year 2000

by Doug Baldwin
Guest Editor

As we reach the year 2000, the global village that was a dream just a few years ago is now a reality. We have a global, interdependent economy. We have multinational corporations. We have global communications: worldwide T.V. coverage, electronic mail, fax machines, teleconferences. Environmental interconnectedness is a theme worldwide. These realities have created a global consciousness. We are beginning to think of ourselves as one interdependent planetary family.

Professional organizations have taken on international identities, and our own field of O&M is very much a part of this trend. One of the fastest growing organizations in our field is the International Mobility Committee (IMC). Based in Europe, it has sponsored five International Mobility Conferences over the last ten years. IMC is planning a sixth conference to be held in Madrid, Spain in the summer of 1991 that promises to be the largest and most culturally diverse gathering of mobility specialists ever assembled.

The Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER) is also responding to the new global perspective. By the year 2000, AER hopes to have formal affiliations worldwide. Proposals have been presented for cross-cultural accreditation. A call for common standards and for cross-cultural cooperation has also been heard. The stage is set for creation of a truly global organization of professionals who work with blind persons.

This special edition of the Long Cane News looks at

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mobility as it is practiced in different nations around the globe and explores the differences and commonalities in the world mobility community.

International Mobility Committee (IMC): An Historical Perspective
by Denis Cory

During its early years as a profession, O&M services in Europe varied greatly from country to country. Communication between training centers and individual instructors usually took place on an informal basis at the fringe of professional meetings in the fields of education or rehabilitation.

Formal organization of a forum to share information about mobility practices in Europe began in 1979 when Richard Welsh was asked to address a meeting of principals from schools for blind students in the Federal Republic of Germany. During Mr. Welsh's visit, The German Institute for the Blind in Marburg decided to set up a meeting for German O&M instructors to gain as much from Mr. Welsh's visit as possible. The idea of convening mobility specialists at this meeting was then expanded to include opportunities for O&M specialists to share their professional experiences. The result was a landmark assemblage of O&M specialists keynoting on the topic "Orientation and Mobility Instruction Today." Representatives from 16 nations gave brief descriptions of the status of O&M in their countries. Ninety-two people attended the meeting.

Following the Marburg conference—which became known as IMC 1—an international organizing committee was formed to coordinate and plan future IMC activities. Its aim was to develop the level of expertise of mobility specialists through an international exchange of ideas and information. The IMC is dedicated to cooperation with all organizations of and for blind persons. Through regular international meetings of mobility instructors, IMC promotes and upgrades mobility services.

IMC 2 took place in Paris. At this conference, Bruce Blasch gave the keynote address highlighting the need for mobility specialists to serve all groups of handicapped persons. IMC 3 in Vienna was held in 1983, with Everett Hill giving a keynote address on concept development. The city of Jerusalem played host to IMC 4 in 1986 and featured a switch from a conference to a workshop format. IMC came of age in January, 1989 when IMC 5 was held in Einhoven, Netherlands. IMC 6, to be held in Spain in 1991, will continue to foster the key role IMC plays as an international O&M forum. A satellite conference program was developed for universities and agencies engaged in the training of mobility instructors to share information as an extension of the IMC program during IMC 4. William Wiener and Everett Hill continued this practice during IMC 5. Planning for IMC 6 in Spain will also include the satellite conference format.

Tentative plans call for IMC 7 to be held in Melbourne, Australia in 1993. IMC 8 in 1995 is in the early planning stage. Strong interest is being expressed by AER and AFB to cooperate in hosting a conference in the United States. Perhaps we could have the conference in the USA celebrating the "50th Anniversary of Orientation and Mobility" (Valley Forge was developed in 1944, but we could put up some good arguments for the year 1945 as the key year).

Interest in the practical nature of the IMC has grown with each conference. IMC 5 drew 305 persons from 39 countries. Increased attention and interest in the upcoming IMC 6 can be anticipated.

The international organizing committee of the IMC can be reached through: Dennis Cory, Director, IRIS (Institute for Rehabilitation and Integration Sehgeschadigter) Sierichstra, Be 56 D-2000, Hamburg 60, West Germany

AER Division Nine International Committee
by Douglas Baldwin
Saginaw, Michigan

The Division Nine International Committee was established as an ad hoc group at the 1988 AER Conference. Over the last year and a half the committee has gathered members from Spain, Israel, New Zealand, West Africa, Canada, Finland, Australia, West Germany and from the United States. In addition, the committee has put together a group of liaison professionals from the major nongovernmental international blindness agencies including American Foundation for the Blind, Helen Keller International, Royal Commonwealth Society for the Blind, Hilton/Perkins International Program, International Council for Education of the Visually Handicapped, The World Blind Union, and from ONCE, the Spanish National organization.

The International Committee Mission

The mission of the International Committee is to enrich the O&M profession through cross-cultural sharing, to promote exchange programs, to encourage university cooperation through joint research, to share philosophies, techniques and technologies, to strive for worldwide standards of excellence within the profession, and to increase the number of mobility specialists around the globe. It is the aim of the International Committee to allow all people who are visually impaired to benefit from mobility training regardless of their geographic, economic, or political situations.

Subcommittees

Cross Cultural Certification

The International Committee has four subcommittees. The Cross-cultural Certification Committee is chaired by Dr. Steven LaGrow, a senior lecturer at Massey Univer-

sity in New Zealand. This committee has four general charges: 1) to promote high standards on a global level; 2) to promote equality of standards among nations; 3) to promote cross-cultural accreditation; and 4) to recommend avenues to allow for cross-cultural exchange, temporary or provisional placement, or employment opportunities.

The Exchange Program
The Exchange Program Subcommittee is chaired by Dr. Nurit Neustadt-Noy of Israel. The roles of the Exchange Program Subcommittee are to compile and maintain a list of exchange programs for O&M specialists, work toward the development of new exchange opportunities, and actively encourage establishment of sister affiliations between universities, agencies, foundations, and schools. The Carroll Center's International Exchange Program, established with the help of Dr. Neustadt-Noy, is an example of how international cooperation fosters cross-cultural sharing among O&M specialists. O&M specialists await an anticipated exchange opportunity between a rehabilitation center in the Israeli town of Herzlia and the San Bernadino Lighthouse for the Blind in California.

The Research Subcommittee
The Research Subcommittee is chaired by Dr. Mary-Maureen Hill of George Peabody College of Vanderbilt University. The Research Subcommittee's goals are to compile and maintain a list of universities around the world conducting research relevant to O&M, identify common research interests among universities, promote joint projects, and identify research priorities relevant to the profession in emerging and developing nations. Mary-Maureen has established ties with universities in Finland, Spain, and West Germany.

The Technology Subcommittee
Dr. Benito Codina, assistant professor at Laguna University in the Canary Islands, chairs the Technology Subcommittee. The goals of the Technology Subcommittee are to develop a registry of O&M specialists interested in cross-cultural sharing, develop a data bank of information with a global perspective, promote crosscultural communication through electronic linkages and newsletters, and act as a clearinghouse of information about O&M on a worldwide scale.

Mobility Notes From Around The World: Report on Seminar in Greece
by Tom Sullivan

Through the coordinated efforts of Perkins, the School for the Blind of Northern Greece, and Anatolia College, I had the opportunity of teaching a three-week series of seminars in July, 1989, for teachers and other staff people who work with blind and visually impaired persons in Greece. This was my second professional visit to Thessaloniki, the second largest city in Greece, situated in the North. The training program was held at the School for the Blind in Thessaloniki. The teaching and support staff of the school attended, as did representatives from the Light House and the School for the Blind both in Athens.

The seminars included lectures and activities related to general issues about mobility, sensory training and concept development, low vision, principles of educational psychology and teaching methods.

The training program was one of a number of projects and efforts developed under the auspices of Larry Campbell, Director of External Academic Programs at Anatolia College and Dr. Anastasios Reklos, Director of the School for the Blind of Northern Greece. The attempt was to heighten awareness of important issues amongst a large number of teachers, houseparents and support staff. This was part of a very exciting, long-range plan to update and improve services for blind persons in northern Greece and to coordinate services amongst schools and agencies throughout Greece.

I found the participants to be most receptive and enthusiastic, hungry for information, eager for dialogue and willing to share ideas freely. True to long-established tradition in Greece, my hosts were extremely gracious and hospitable. I had the chance to sample some of the cultural treasures of northern Greece, with its incredible Byzantine, Roman and early Macedonian sites.

Morocco/Nepal
by Doug Baldwin
Saginaw, Michigan

Barbara Von Meyer served in the U.S. Peace Corps in Morocco and later in Nepal from 1982 until 1987. The following comments were taken from personal correspondence I received from her while she was in Nepal.

Morocco
I taught at The Institute Abou Al Ebbess Essepti in Marrakesh, Morocco from 1982 until 1985. My responsibilities included anything that I was willing to take on. (In developing nations, it makes no sense to be just a mobility specialist. If you know anything at all about blindness, you are one of the few national experts). As is often the case in rural America and other countries, my duties included: teaching mobility, recreational training, teacher training, administrative advisor, camp counselor, braille text translator, librarian, trainer for new Peace Corps volunteers, and cultural "director". We set up exchange programs with other schools for the blind, organized sports events, and held impromptu poetry readings, music events, and joke-telling sessions.

Rewards and Challenges

My biggest pleasure was seeing my students build their self-confidence. Often they would start by saying that they could not do things because they were blind; now they announce that they can do anything and are willing to try. There were also frustrations, like taking my students to shops and cafes and having the owners ignore them or talk down to them, or directing their attention to me rather than the students. I also had to struggle to convince the school that mobility was an important subject and should be a regular part of a student's education program and instructional schedule. Not having adequate materials was very frustrating, but also challenging.

I developed a local cane made of bamboo. The students had no qualms about using the cane in the school compound during lessons, but they refused to walk beyond the school gate using the cane. They were afraid that people would laugh at them and associate them with the blind beggars in the marketplace. No matter what I did, I could not convince my students to use the cane locally. A French agency donated some aluminum canes for my students. These canes were status symbols used by my students outside the school; unfortunately, there weren't enough to go around.

Out on a mobility lesson people would see me with the students and would sometimes assume that I was a tourist following one of their people, and they would become very protective. Sometimes they grabbed the canes and bombarded my students with questions about where they wanted to go. The more aggressive people would start pushing the students in front of them.

Responding to the Environment

Traveling independently in Morocco (or in any developing nation) involves not only dodging motorists, but animal carts, carriages, mopeds, bicycles, and people, all of them traveling in the same area, and cutting corners. Animal carts often slowed traffic, making drivers impatient and causing them to zoom out and around whenever there was room. Sidewalks were often cluttered with trees, building materials, lampposts, road signs, chairs from the cafes, bicycles and mopeds . . . none of which was orderly. Often work areas were not barricaded. Open sewers, torn up sidewalks that ended in significant drop-offs were common.

Geography certainly affected my teaching. It took a great deal of imagination to prepare students for situations they might encounter in Marrakech and near their homes. The weather during the dry season was so hot that it was impossible to go on a lesson in the middle of the day when school was in session. Most people do not travel at that time of the day. Dust storms were also a problem. I tried to teach lessons during the storms since my students could easily get caught in one.

Using a sighted guide was often the most practical and safe way to get around. I also encouraged students to call out and ask for assistance, especially when they approached work sites. Near the school, the traffic controller would leave his post and assist my students.

Recommendations

There needs to be a networking system to link people who are working in third world countries. There also needs to be some type of scholarship program for students from the developing nations to attend university programs in the United States (and other developing nations). I suggest this because holding training seminars and providing certificates does not carry the same respect as degrees from the developed nations.

Nepal

Due to the treacherous terrain in which most of my students lived, I encouraged them to walk with a sighted guide. Not even persons with sight go very far into the mountains alone. Instead of physically guiding students through mountain terrain, verbal directions are called out: "Move to the right." "There is a cliff on your left," etc. Teaching someone to walk, or should I say climb with a cane is a challenge. Also, Nepal is in a very geographically unstable region. A route up a hill may wash out completely with the next rain. Even roadways wash away—Nepal is already short of roads.

In the area where I worked there was little traffic other than buses. These buses often pass each other wherever there is room, and this includes the shoulder of the road. It is up to the people on the shoulder to get out of the way. The unwritten rule of the road is that the bigger object has the right of way. I taught my students to stop and take three large steps away from the road and then turn and face the oncoming traffic with heads up and canes in front.

When I was out on mobility lessons, the reaction of the local community was mostly that of curiosity. Big crowds gathered to watch the lessons. People discussed the situation: "Look everybody, he is blind... etc." Most people just stood around open-mouthed and silent (so the student couldn't tell where they were) and often they blocked the way. The Hindu-Bhuddist society of Nepal believes that blindness is a curse imposed on persons, their families, and community because of some transgression in an earlier life. Because of the religious and social attitudes about blindness, the students are reluctant to ask for assistance.

The Nepal Association for the Welfare of the Blind in Katmandu acts as the umbrella organization for schools and the Nepal Rehabilitation Center. At present there are three integrated schools and one segregated school.

West Africa

by Jane Johnson
Christian Blind Mission
Togo, West Africa

Although services for O&M seem pathetic, in the countryside many blind young people and adults travel freely

within their environment. There, children develop a good sense for orientation just through their own investigation. Many are happy.

In western and central Africa mobility services for blind persons are limited primarily to school during the first six years of education. Although these schools may supply a regular academic program, the curriculum is not necessarily geared to employment. A school is fortunate to have one teacher who may have had four weeks of mobility training. This does not, however, insure that the teacher has the time to teach mobility.

Rehabilitation of adults is done through centers generally located in areas with a high incidence of onchocerciasis (River Blindness). The aim of rehabilitation is to allow the participants to continue to farm, and to assist them and their families to adjust to blindness. A few centers provide a limited amount of mobility training.

Appropriate technology in mobility remains a straight "stick" which reaches the chest of the blind person using it. (Even the supply of glasses is limited in this region.)

Within the 26 countries of West Africa, there are two established service centers of which I am aware. The first is the Ghana Society for the Blind. This center provides blind adults residing in and around the urban area of Accra with mobility training. There is one "specialist" (skills were acquired on the job) employed there who has conducted training in Ghana, Sierra Leone, Togo and Nigeria. This training is usually for 2 to 4 weeks. The Society is presently in the process of developing a locally made cane.

The second center in northern Nigeria imports canes (only the folding style that are usually too short) for local people to purchase. However, due to the economic conditions few blind persons are capable of purchasing imported items, and there is no training involved. The imported cane is somewhat of a status symbol.

As can be concluded, mobility "services" in west and central Africa are very close to non-existent.

Spain

by Benito Codina
Assistant Professor, Laguna University
Canary Islands, Spain

In 1968, a professional staff member of the Spanish Organization of the Blind (ONCE) went to Paris, France to learn Orientation and Mobility. The course was conducted by the American Foundation for the Blind. Since then, the mobility services we deliver to blind and visually impaired people have gained the highest priority for our program. Our goal is to achieve the maximum development of each person's possibilities, taking into account two basic principles: restoration and integration.

Orientation and mobility services are delivered following a basic plan:

Basic Plan

Home care

After a needs assessment, the client works with the O&M instructor in a familiar environment. This is done through ONCE's Basic Care Teams, which are located in all province capitals or in important cities. These teams include mobility instructors, psychologists, social workers, teachers of visually impaired students, experts in aids, appliances, and communication systems, low vision specialists, physicians, ophthalmologists, etc. This multi-disciplinary approach helps achieve holistic rehabilitation.

Day center training

Two day centers have been established, one in Madrid and the other in Seville in southern Spain. These centers have staff members who represent a wide range of disciplines and have the additional benefit of well equipped facilities.

Residential center (or school) training

There are six schools and one rehabilitation center in Spain. Clients are chosen on the basis of their need for intensive training, their need to receive services away from home, and the lack of services in their region.

Meeting Client and Family Needs

No matter which intervention model is used, the program is based on addressing the needs of the blind or visually impaired person and the needs of the family as well. Family participation is considered to have significant importance in the final success of the mobility process. The family is informed and trained, and their cooperation is encouraged. For example, in the residential settings, during a client's training program, the mobility specialist closest to the client's home develops the family intervention program and offers support.

Once the mobility process comes to an end, it is necessary to help the client maintain the abilities acquired, and to try to extend their abilities to apply what was learned. Therefore, we have a follow-up stage. During this period, information is gathered about the effectiveness of the training.

Availability of Services

Finally, we must stress that these mobility programs are free for all blind and visually impaired members of ONCE (to be a member requires only that the person be legally blind). Even if they are not members—for example, in the case of legally blind foreigners—they may still be accepted after a needs assessment.

At present, ONCE has 64 rehabilitation instructors who work all over the country. In addition, there are 21 people who are being trained. These specialists have dual certification in orientation and mobility and daily living skills. ONCE is the responsible agency for training. Only psychologists and educators are accepted as students. Applicants must pass a qualifying entrance examination. Training lasts for six

months, divided into two semesters. Candidates must satisfactorily complete the entire program to receive certification.

The general aims of the ONCE course are: to teach students the required knowledge in the areas of O&M and Daily Living Skills; and to teach students general knowledge about blindness and vision impairment which will be relevant to the students' future professional work.

The specific aims of the professional preparation course are: To teach theoretical and practical aspects of mobility and daily living skills; to acquaint the students with the demographics about the Spanish blind population; to teach students the several systems of communication used by blind and visually handicapped persons; and to cover general aspects about professionalism.

New Zealand

by Steve LaGrow
Senior Lecturer in Rehabilitation
Massey University
New Zealand

"I hope this covers the things most people would find interesting about New Zealand. Teaching mobility here is pretty much similar to the states, we just have better scenery."

Currently there are 16 certified Orientation and Mobility instructors in New Zealand. Fifteen are employed by the Royal New Zealand Foundation for the Blind (I work for Massey University). Three O&M specialists occupy full-time administrative positions. Of the 12 providing direct services to visually impaired persons in mobility, six are itinerant instructors working out of the five regional offices (Auckland, Hamilton, Wellington, Christchurch and Dunedin), two work out of the school for the blind (Homai College), one works at the Adult Rehabilitation Unit (ARU), a residential center based program. Two specialists are dual qualified as dog guide instructors and O&M specialists and work for Guide Dog Services, and one contracts for services through the Community Living Programme, which provides for the extended educational needs of multiply impaired adults.

Four new mobility instructors will begin training at Massey University this fall. All four are already committed to work within the regional programs. Of the 16 instructors in New Zealand, seven were trained in Britain, six in the U.S., two in Australia, and one in Sweden. All 16 are certified by OMIAA and 7 hold certification from more than one source.

The majority of instruction is provided on a domiciliary (i.e., in the home environment) basis. ARU is the only residential rehabilitation center in the country. However, there is some center based programming offered out of the five regions. Each of the 6 (soon to be 10) itinerant instructors are provided with automobiles and cover relatively large geographic areas. Mobility instructors function as part of a team which consists of a social worker, a techniques of daily living skills instructor, an adult education officer (communications instructor), a recreation officer, and a vocational employment officer. The instructors at Homai function as part of the educational team.

Children in New Zealand are provided mobility instruction through Homai College, or through the regions if they attend school locally. As a result, all instructors in New Zealand can expect to work with children.

Israel

by Dr. Nurit Neustadt-Noy
American-Israeli Lighthouse

Most mobility services for persons with visual impairments in Israel are provided by the Home Teaching Division of the Israeli agency, the American Israeli Lighthouse. To answer the growing demand for functional rehabilitation services, the Lighthouse trains specialists in mobility and rehabilitation teaching. The duties of these professionals include teaching daily living skills, communication and leisure time activities, and concept development for the young. This training system has been used for 14 years, with periodic revisions to the curriculum.

The teaching module used to prepare orientation and mobility instructors and rehabilitation teachers is very similar to the United States curriculum. Once the module is completed, the instructors are given additional training. They chose between rehabilitation teaching or concept development specialties. All together, the preparation program takes one year, after which the instructors are dually certified.

Israel is a very small country with 4.5 million inhabitants. There are eight thousand known people who are legally blind. Age categories for the blind population are similar to the demographics for other developed nations, as are the causes for blindness. Integration and community services are well developed in Israel. We deliver most of the functional rehabilitation services in the clients' home (except for low vision training).

In May, 1990, we will institute a new rehabilitation model for older individuals with visual impairments. In this model O&M and rehabilitation teaching will be provided in a recreational facility to groups of 16 persons. The program will last from two to four weeks. This model will emphasize group support activities and recreation, areas that have been neglected in our older individualized rehabilitation model.

About 60 O&M (dually certified) instructors work in Israel. Most of these people were trained, and are employed by the American Israeli Lighthouse.

The Israeli version of AER was recently established. So far, we have more than one hundred active members in nine divisions, equivalent to AER divisions. Our first annual conference was held in April, 1990.

Finland

by Helina Hirn
Educator of O&M Instructors
Finnish Central Federation of
the Visually Handicapped

The first mobility instructors in Finland were trained in 1970 using the educational model established in the United States. During the 1980s, Finland established an instructor training program based on the apprenticeship model. This training is supervised by the National Board of Vocational Education. The course takes one year, after which dual certification is granted for Mobility and Daily Living Skills (Rehabilitation Instructor). The curriculum covers O&M, ADL skills, psychology, pedagogy, braille, low vision, aspects of medical subjects, and deaf blindness. Most of the trainees have professional backgrounds in areas such as occupational therapy, teaching, physiotherapy, etc. Usually, there are about five participants per course.

Blind and visually impaired persons in Finland are trained in schools for the visually impaired, at the Rehabilitation Center of the Finnish Federation of the Visually Impaired, or in the client's home. The challenge for today, as we enter the 1990s is to increase the number of O&M instructors in underserved regions of the nation. We are concerned that clients trained in centers be able to transfer their new skills to their home environment. To achieve this goal, it is estimated that 20 regional instructors are needed.

Regional O&M specialists are employed by the Health Care System and are placed in local hospitals (which have begun to establish low vision clinics). The O&M instructors work as part of a team consisting of an ophthalmologist, an optician, a low vision teacher, and a social worker.

Although mobility training has standard techniques that are applied in most countries, our climate causes particular hardships. In Finland, the winter is long, the snow is deep, and it often gets very cold. Mobility instructors in Finland must be specialists in teaching travel in adverse weather. If a blind person is to be independent, he or she must also learn to be a competent traveler in such conditions.

Although the street cleaning department does a good job clearing streets and sidewalks early each morning (making nice trails lined by snowdrifts) there are some pathways that are not cleared at all during the winter forcing some people to change their routes. Landmarks get lost under the snow and differentiation of pavement materials or sidewalk edges is often impossible. Snow also absorbs sound, making it more difficult to hear.

Ice is even more of a problem than snow, especially later in winter when the snow melts during the day and refreezes at night. Often ice pikes are used in support canes or special shoe brakes are used for travel. Also, booms, placed on sidewalks where there is danger of snow and ice falling down from roofs, are obstacles in late winter.

A New Instructional Product from Canada

Reviewed by Elga Joffee

From Inegra Products in Canada comes a new product called The Cook Tactile Orientation and Mobility Kit. The object of the Cooke Tactile Orientation and Mobility Kit is to introduce visually impaired students to a variety of street intersections thus developing and increasing orientation and mobility skills. The kit utilizes the manipulative method of tactile learning to teach the various concepts associated with intersections.

Pre-cut road sections made of light but sturdy wood, sidewalks, and buildings link together to create four different intersection configurations: plus, fork, "T", and offset. Raised centerlines and crosswalks, height and textural difference between road and sidewalk surfaces, velcro squares to provide a non-slip model, enlarged sidewalk sections approximately 8 inches in length indicating dual and single wheelchair ramps, and visual contrast for iow vision students are featured. The materials are durable and easy to clean. Three vehicles resembling small toy cars and two pedestrians figures that are small finger puppets are provided with the kit.

Two companion manuals, available for separate purchase, contain lessons developed for each intersection configuration and suggestions for field trips. A basic user's manual is followed by an Intermediate user's guide that also contains activity cards. The User's Manuals, produced in large print, are accompanied by cassette recordings that are exact copies of the manuals. The activity cards are written in braille and large print. A braille description of the kit and its uses to O&M instructors is included with the manuals.

The developers of the Cook Tactile Mobility Kit suggest that it is a useful teaching tool to complement "real life" lesson activities and may be used to supplement O&M lessons by the mobility specialist when teaching and reinforcing O&M concepts and environmental awareness.

The Cooke Tactile Orientation and Mobility Kit is packed in a hard plastic carrying case the size of a small airline bag and is equipped with a carrying handle. The User's Guides do not fit in the case and are carried separately. Fully packed, this kit weighs approximately 10 pounds.

The Cook Tactile Orientation and Mobility Kit and the User's Guides are sold separately, and are available from Graham and Ineke Cook, Inegra Products, 10728 18th Street, Dawson Creek, British Columbia, V1G4E2 Canada.

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LANDMARK

Access to Mass Transit for Blind and Visually Impaired Travelers, Uslan, Peck, Weiner, & Stern (1990) is now available from the American Foundation for the Blind. This 179 page book is a resource for professionals in the transit industry as well as for O&M specialists.

Chapters presenting perspectives from consumers, O&M specialists, and mass transit operators focus on a wide range of topics of interest to those involved with making mass transit more accessible to individuals who are visually impaired.

Of special note to readers of this international edition of LCN is the coverage of light rail systems in Canada, talking bus stops in England, and bus and rail travel in Japan. A comprehensive annotated resource section includes a guide to organizations throughout the world with expertise on mass transit access issues.

Access to Mass Transit contains research and design information useful for consumers, policy makers, and public transportation designers, as well as concrete approaches for teaching O&M in today's diverse and dynamic urban environments.

Note: Spanish and Mandarin Chinese translations of basic O&M techniques have been prepared by students at Texas Tech University. For information please contact: Pat Kelley, Ed.D., Assistant Professor, Programs for the Visually Impaired, Texas Tech University, Lubbock, Texas 79409-1071.

LONG CANE NEWS

Volume 9 1991

Farewell

In this final issue of *Long Cane News (LCN)*, we leave you with some views into the future developments of O&M. The field has seen many changes since *LCN* was founded by the new O&M departments at Boston College and Western Michigan University over two decades ago. Thirteen university programs have been created to train O&M specialists. The Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER), division IX, has united the field by providing committees to oversee such activities as certification and standards, development of a mobility assistants program, publication of a newsletter, and professional and ethical issues committees.

The field is still expanding and gaining new ground. Inside you will find some of the issues that will continue to make their imprint on O&M in the future: licensure, advocacy, access to the environment, programs that address personnel shortages, and self-defense for practitioners and their clients. These issues are critical to O&M and related disciplines, and they deserve more broad-based examination and an audience that is not limited to O&M specialists.

Publications such as AER's *RE:view* and the *Journal of Visual Impairment & Blindness (JVIB)* offer formats for O&M topics that will reach a broad spectrum of readers and provide an outlet for dialogue with other disciplines that can spark creativity and innovative problem solving and enrich the entire field of blindness services. Information about *RE:view* is available from AER, 206 N. Washington Street, Suite 320, Alexandria, VA 22314. Information about *JVIB* is available from Dennis Brookshire, Managing Editor, 15 W. 16th Street, New York, NY 10011.

O&M specialists face a future full of challenge. We go forward prepared with a strong professional organization and a sense of purpose of which we can all be proud.

One last note to subscribers: Please complete the form on the back cover to indicate whether you wish to donate the balance of your *LCN* account to the American Foundation for the Blind or receive a refund.

—Elga Joffee, *Editor*

Licensure

AER has created a national task force to discover ways of establishing state licensure for rehabilitation teachers, O&M professionals, and low vision specialists. Sharon Zell Sacks, chairperson, identifies the task force's three main objectives as follows: 1) begin the process of establishing licensure in states where the interest is great and the chances for success are favorable; 2) develop a set of procedures to use when state chapters begin the licensure process; and 3) work with the AER legislative committee to generate federal support for Medicaid and Medicare reimbursement of O&M, RT, and low vision rehabilitation services.

The Advantages of Licensure

Licensure constitutes legal permission to engage in a business, occupation, or activity. State governments, Medicare, Medicaid, and private health insurance carriers will pay fees only for services provided by a

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licensed professional. Licensure is often required to obtain professional malpractice and liability insurance.

A license delineates the range and content of a business or professional activity and implies a right to collect fees for services rendered. Licensure restricts the activities of a business or professional to those specified in the provisions of a license.

What does this mean to O&M specialists? O&M state licensure would allow Medicare, Medicaid, or private health insurance companies to pay for O&M services. It would also establish O&M as distinct and separate from allied health professions and limit the practice of O&M to professionals with O&M licenses.

Update on Licensure

by Mary-Maureen Hill
Research Assistant Professor
Vanderbilt University
Nashville, TN

Much has happened since you last read about our efforts in Tennessee to establish state licensure for O&M specialists. Belen Hickman, of Georgia, and I continue to co-chair the AER licensure committee, which includes Susan Herman, New York; Carlene LeBous, Tennessee; and Bob Transon, Wisconsin.

An O&M licensure bill was introduced in the Tennessee legislature during the 1989-90 session, and it was tabled in a strategic move to avoid its defeat. When the bill was introduced, it was referred to the legislative fiscal review committee, which estimated the annual cost of providing O&M services in the state to be $24.6 million. This cost, which seemed inordinately high to the bill's sponsors, seriously jeopardized any chances the bill had of passing.

Carlene LeBous and I determined that the bill's original fiscal note had been calculated by using overall blindness prevalence data that included persons ineligible for Medicaid. We presented our own estimation of an annual cost for providing O&M to be no more than $440,000, based on the number of cases eligible for Medicaid that received O&M services during the 1989-90 fiscal year and the number of O&M specialists available within the state. The O&M licensure bill was amended to include the $440,000 amount, and it was reintroduced into the 1991-1992 legislative session. A decision is pending.

Carlene and I continue to meet with personnel in the Bureau of Medicaid and the Department of Health and Environment to discuss alternatives for third-party reimbursement. A major obstacle to Medicaid reimbursement in Tennessee is that currently no federal funds can be appropriated for any rehabilitation services. Consequently, we requested our congressional representatives to draft an Act of Congress appropriating federal funds for reimbursement of rehabilitation services through Medicaid. We are also exploring the possibility of third-party reimbursement through private insurance companies.

Advocacy: Some "Tricks of the Trade"

Scott Marshall, director of AFB's governmental relations department, is involved daily in advocacy and urges advocates to be the following: prepared, aggressive, persistent, informed, timely, realistic, committed, clear, concise, and available.

The New York State Advocate for the Disabled has prepared a fact sheet on general advocacy techniques, and some of its points are outlined below. For more information, contact: Frances G. Berko, State Advocate, New York State Office of Advocate for the Disabled, Empire State Plaza, Albany, NY 12223-0001.

1. Remember the "golden rule" of politics: whoever has the gold rules. The "gold" may be money, votes, or influence. When advocating, know what the gold is, who has it, and how to acquire it.
2. Make clear to your audience who you represent and in what capacity you are acting.
3. Know the political history of your issue. Find out why it has not been resolved, who resisted it in the past, and why.
4. Make sure the information you are using is accurate and up-to-date.
5. Make demands that are realistic and achievable. Unrealistic goals lead to frustration.
6. Understand the roles and responsibilities of the people you want to influence. Know who is in charge and the internal organization of the groups with

whom you are working, and direct your communication accordingly. Find out if the key person relies on staff members to form opinions.

7. Willingness to compromise is essential. Rigid positions usually meet with rigid reactions, namely inaction. Agreeing to an alternative position keeps communication open and provides the stage for future advocacy.
8. Be persistent and assertive, but polite. Long-term substantive change requires careful plodding and persistence. Anger must be used with extreme caution, and usually as a last resort.
9. Do not threaten or promise what you cannot deliver. A serious loss of credibility results from threats or promises that are not fulfilled.
10. Form coalitions. The people you want to influence will not make decisions on an issue unless they perceive a consensus. Lack of consensus in a group may produce inaction.
11. Keep minutes of meetings and logs of conversations. Make sure you keep accurate records of what you have said and to whom. Send memos or letters reporting what has been said.
12. Follow up. After a decision is made, stay involved in the issue. If you have succeeded, show your support and willingness to provide assistance in related areas. If your results are unfavorable, show commitment to your position and demonstrate your willingness to participate in the future.

Focus on Public Policy Through AFBIN

You can make a difference, especially when your efforts are linked to same-minded people who have inside information. One way to accomplish this is to join AFBIN—the American Foundation for the Blind Information Network.

How It Works: AFBIN members receive up-to-the-minute information on the legislation and regulations that affect blind and visually impaired persons in two ways:

1) A monthly newsletter in standard print, cassette, or floppy disk formats.
2) Periodic alerts on relevant legislative or regulatory issues. AFBIN alerts outline the problem, explain what advocates are doing about it, and suggest ways members can become involved. These alerts are available through first-class mail and CompuServe (TM). AFBIN's service is free, but standard time charges apply when you access information via modem.

For additional information or to join AFBIN, contact: Governmental Relations Department, American Foundation for the Blind, 1615 M Street NW, Suite 250, Washington, DC 20036; 202- 457-1487; fax 202-457-1492.

Self-Protection for Visually Impaired Women: Alternatives to Fear

The self-defense and educational project, Alternatives to Fear, has adapted a training program in the prevention of sexual assault to serve the needs of visually impaired women. The project expects to identify the information that visually impaired women need in order to evaluate their safety, the most significant protection problems, perceived dangers and strategies for dealing with them, appropriate physical self-defense techniques, and instruction methods and materials for teaching self-protection.

Alternatives to Fear has identified the need for its new program based on research conducted by Wendy Pava, a doctoral student in psychology at the University of Washington, who found that 30% of the women she surveyed had been victimized and that 90% believed that their visual impairment placed them at greater risk than sighted women. An additional impetus for this project was the absence of both self-protection services designed for visually impaired women and self-protection techniques in O&M lessons—although Pava's survey revealed that self-protection is a frequent topic during these lessons.

The project is concerned that long canes or dog guides may mark women as potential targets for predators. The survey also reports that visually impaired persons have difficulty knowing they are being followed and lack the ability to escape. They also find it difficult to identify an assailant, give a complete police report, and take certain safety precautions such as examining identification badges, looking through a peep hole, or

looking around before entering an enclosed area such as an elevator or a bus shelter. Pending future funding, Alternatives to Fear plans to explore safety issues of visually impaired women who do not use an identifiable mobility device. Although Alternatives to Fear has focused on the needs of women as potential victims of violent crimes, its objectives include assisting O&M specialists to incorporate basic safety principles into O&M programs for a broad range of students, and referring students to appropriate self-protection programs.

Additional information about the Alternatives to Fear project is available from: Py Bateman, Executive Director, Alternatives to Fear, 2811 East Madison, Suite 208, Seattle, WA 998112; 206-328-5347.

The ANSI Standards Game

The American National Standards Institute (ANSI) is revising its 1986 document for providing accessibility to buildings and facilities for persons with disabilities. The Council of American Building Officials (CABO), the Secretariat for ANSI, is coordinating the revisions and expects to issue a 1991 ANSI A117.1 document before the end of this year.

ANSI carries no legal force, and state, county, city, or town governments are ultimately responsible for decisions about the access standards their jurisdictions adopt, although many do follow the suggestions of ANSI A117.1-1986. The purpose of ANSI A117.1 is to assist architects, engineers, building contractors, and urban planners to achieve a uniformity of design specifications concerning access for persons with disabilities.

Proposed 1991 ANSI revisions contain significant improvements over the 1986 version in access standards for individuals with visual impairments. The advocacy efforts by the American Foundation for the Blind (AFB), the Environmental Access Committees of the American Council of the Blind (ACB), and the Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER) contributed to these advances. Among other provisions, the proposed 1991 ANSI A117.1 will require: braille on all elevator panels and doors with permanent visible signage; visually contrasting and tactually detectable warning on stairs, blended curbs and hazardous areas; large print access; and braille instructions and receipts at automatic teller machines.

Proposed 1991 ANSI A117.1 revisions must be finalized after a period of public comment and a vote by the ANSI committee. After it is finalized, ANSI A117.1 will be referred to the Board for the Coordination of Model Building Codes (BCMC) to determine the applications of these standards for inclusion in local model building codes.

Ongoing vigilance and advocacy is required to preserve the improvements in the 1991 proposed ANSI. Standards can be reconsidered for amendment or deletion at any time during ANSI committee meetings, or BCMC can later fail to specify applications for standards and thus prevent their translation into model building codes and thus into local law.

Ultimately, standards to improve safety and access for persons with visual impairments will depend on how final Americans with Disabilities Act (ADA) rules are written, how ANSI and BCMC deal with the ADA final rules, and how local jurisdictions update their building codes.

AFB and ACB are voting members of the ANSI A117.1 committee, and together with AER, they plan to maintain a high level of involvement in advocating environmental access provisions for persons with visual impairments. Information about ANSI A117.1 is available from: The Council of American Building Officials, 5203 Leesburg Pike, Suite 708, Falls Church, VA 22014; 703-931-4533.

Updates

University O&M Programs

The Pennsylvania College of Optometry (PCO) has been awarded a three-year grant from the Rehabilitation Services Administration (RSA) to begin a new O&M program. This program will create a planning council that includes state and private blindness rehabilitation agency administrators, consumers, and PCO faculty members. The program will conduct a needs assessment study in RSA Region III (PA, DE, MD, WV, & DC) to determine agency and consumer training and program service needs and curricula. At the same time,

PCO will begin an innovative personnel preparation course that allows students to study O&M both on campus and at their home agency, with certified O&M agency staff serving as adjunct PCO faculty. PCO is developing a curriculum for this new approach to preparing O&M specialists, in the hope that a model can be developed for sharing resources among private rehabilitation agencies and universities in response to personnel shortages in O&M. For additional information, contact: Audrey Smith, Pennsylvania College of Optometry, 1200 W. Godfrey Street, Philadelphia, PA 19141; 215-276-6292.

Innovative O&M personnel preparation programs proposed at other universities are awaiting final notification of funding. Watch the AER division IX newsletter, *RE:view,* for a complete university program update.

Innovative Projects

AER division IX's mobility assistants sub-committee and the AER continuing education program have launched the mobility assistants program. With assistance from a grant from the Khury bequest program, a curriculum has been developed for preparing O&M specialists to train and supervise O&M assistants (OMAs). O&M specialists can now participate in AER continuing education seminars across the country, and they can obtain certification as trainers and supervisors of OMAs upon successful completion of this seminar. A curriculum to train OMAs that includes teaching activities and materials is provided for O&M specialists at the AER seminars for use in schools and agencies. To register for a seminar, contact: Julia Richardson, AER, 703-548-1884.

A project to develop and field test in-service teacher education materials in O&M for students with severe multiple impairments is underway at the University of Pittsburgh. More information is available from: George Zimmerman and Bonnie Utley, University of Pittsburgh, Department of Special Education, Forbes Quadrangle 4F29, Pittsburgh, PA 15260.

The American Foundation for the Blind (AFB) is working on a project with the New York Public Schools and with the U.S. Office of Special Education Programs to identify and develop in-service and self-study materials for teaching communication and O&M to students who are deaf-blind. Please send your favorite materials, suggestions, comments, and programs to the AFB Deaf-Blind Project, 15 West 16th Street, New York, NY 10011. The project will acknowledge all the materials it receives. For more information, contact: Elga Joffee at 212-620-2047 or Kathleen Huebner at 212-620-2045.

Western Michigan University has announced a project to gather information from low vision clinicians, O&M specialists, and driving instructors to determine if there is a need for a formalized instructors' training program in low vision driver education and assessment. The objectives are to determine whether adequate low vision driver training exists, whether there is a need for such a training program, and who would be interested in teaching the classes. For additional information, contact: William Wiener or Julie Roberts, Western Michigan University, Department of Blind Rehabilitation, Kalamazoo, Michigan 49008; 616-387-3455.

Rona Pogrund, California State University at Los Angeles, and Sandra Rosen, San Francisco State University, have developed successful methods for teaching preschoolers to use a long cane. AFB now offers this pre-school mobility cane through its Catalog of Publications.

Work is underway at Peabody College to identify and evaluate innovative pre-cane devices useful for children of pre-school age. For an up-to-date list of available pre-cane devices, contact: Everett Hill, Peabody College, Vanderbilt University, Box 328, Nashville, TN 37203; 615-322-8160.

Sylvia Leggett, conference organizer of the Southeastern Orientation and Mobility Association's 1991 (SOMA) annual conference assembled an impressive group of O&M specialists who have developed and used a wide range of "pre-cane" devices at SOMA in March 1991. O&M specialists attending SOMA benefitted from hands-on device demonstrations, workshops, and videotapes portraying the use and construction of these devices. For additional information, contact Sylvia at 702-333-5000.

LONG CANE NEWS

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